



# Retiree RxCare

## 2017 Four Tier Formulary

### (List of Covered Drugs)

**PLEASE READ: THIS DOCUMENT CONTAINS INFORMATION  
ABOUT SOME OF THE DRUGS WE COVER IN THIS PLAN**

Formulary ID No. 17034, Version 6

This formulary was updated on September 1, 2016. For more recent information or other questions, please contact Retiree RxCare Contact Center at 1-855-693-3921 or for TTY users, 1-855-693-3921, Monday through Friday, 8:00 AM to 8:00 PM (EST), or visit <http://retireerxcare.amwins.com>.

**Note to existing members:** This formulary has changed since last year. Please review this document to make sure that it still contains the drugs you take.

When this drug list (formulary) refers to “we,” “us,” or “our,” it means Envision Insurance Company. When it refers to “plan” or “our plan,” it means Retiree RxCare.

This document includes a partial list of the drugs (formulary) for our plan which is current as of September 1, 2016. For a complete updated formulary, please contact us. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

You must generally use network pharmacies to use your prescription drug benefit. Benefits, formulary, pharmacy network, and/or copayments/coinsurance may change on January 1, 2018, and from time to time during the year.

Retiree RxCare is a Prescription Drug Plan (PDP) with a Medicare contract. Enrollment in Retiree RxCare depends on contract renewal.

This information is available for free in other languages. Please call our Contact Center number above.

The formulary may change at any time. You will receive notice when necessary.

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### What is the Retiree RxCare Formulary?

A formulary is a list of covered drugs selected by Retiree RxCare in consultation with a team of health care providers, which represents the prescription therapies believed to be a necessary part of a quality treatment program. Retiree RxCare will generally cover the drugs listed in our formulary as long as the drug is medically necessary, the prescription is filled at a Retiree RxCare network pharmacy, and other plan rules are followed. For more information on how to fill your prescriptions, please review your Evidence of Coverage.

### Can the Formulary (drug list) change?

Generally, if you are taking a drug on our 2017 formulary that was covered at the beginning of the year, we will not discontinue or reduce coverage of the drug during the 2017 coverage year except when a new, less expensive generic drug becomes available or when new adverse information about the safety or effectiveness of a drug is released. Other types of formulary changes, such as removing a drug from our formulary, will not affect members who are currently taking the drug. It will remain available at the same cost-sharing for those members taking it for the remainder of the coverage year. We feel it is important that you have continued access for the remainder of the coverage year to the formulary drugs that were available when you chose our plan, except for cases in which you can save additional money or we can ensure your safety.

If we remove drugs from our formulary, or add prior authorization, quantity limits and/or step therapy restrictions on a drug, or move a drug to a higher cost-sharing tier, we must notify affected members of the change at least 60 days before the change becomes effective, or at the time the member requests a refill of the drug, at which time the member will receive a 60 day supply of the drug. If the Food and Drug Administration deems a drug on our formulary to be unsafe or the drug's manufacturer removes the drug from the market, we will immediately remove the drug from our formulary and provide notice to members who take the drug. The enclosed formulary is current as of September 1, 2016. To get updated information about the drugs covered by Retiree RxCare, please contact us. Our contact information appears on the front and back cover pages.

### How do I use the Formulary?

There are two ways to find your drug within the formulary:

#### Medical Condition

The formulary begins on page 6. The drugs in this formulary are grouped into categories depending on the type of medical conditions that they are used to treat. For example, drugs used to treat a heart condition are listed under the category, "Cardiovascular, Hypertension / Lipids." If you know what your drug is used for, look for the category name in the list that begins on page 6. Then look under the category name for your drug.

#### Alphabetical Listing

If you are not sure what category to look under, you should look for your drug in the Index that begins on page 68. The Index provides an alphabetical list of all of the drugs included in this document. Both brand name drugs and generic drugs are listed in the Index. Look in the Index and find your drug. Next

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to your drug, you will see the page number where you can find coverage information. Turn to the page listed in the Index and find the name of your drug in the first column of the list.

### What are generic drugs?

Retiree RxCare covers both brand name drugs and generic drugs. A generic drug is approved by the FDA as having the same active ingredient as the brand name drug. Generally, generic drugs cost less than brand name drugs.

### Are there any restrictions on my coverage?

Some covered drugs may have additional requirements or limits on coverage. These requirements and limits may include:

- **Prior Authorization:** Retiree RxCare requires you or your physician to get prior authorization for certain drugs. This means that you will need to get approval from Retiree RxCare before you fill your prescriptions. If you don't get approval, Retiree RxCare may not cover the drug.
- **Quantity Limits:** For certain drugs, Retiree RxCare limits the amount of the drug that Retiree RxCare will cover. For example, Retiree RxCare provides 30 tablets per 30 days for zolpidem tartrate 10mg. This may be in addition to a standard one-month or three-month supply.
- **Step Therapy:** In some cases, Retiree RxCare requires you to first try certain drugs to treat your medical condition before we will cover another drug for that condition. For example, if Drug A and Drug B both treat your medical condition, Retiree RxCare may not cover Drug B unless you try Drug A first. If Drug A does not work for you, Retiree RxCare will then cover Drug B.

You can find out if your drug has any additional requirements or limits by looking in the formulary that begins on page 6. You can also get more information about the restrictions applied to specific covered drugs by visiting our Web site. We have posted online a document that explains our prior authorization and step therapy restrictions. You may also ask us to send you a copy. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

You can ask Retiree RxCare to make an exception to these restrictions or limits or for a list of other, similar drugs that may treat your health condition. See the section, "How do I request an exception to the Retiree RxCare's formulary?" on page 3 for information about how to request an exception.

### What if my drug is not on the Formulary?

If your drug is not included in this formulary (list of covered drugs), you should first contact our Contact Center and ask if your drug is covered.

If you learn that Retiree RxCare does not cover your drug, you have two options:

- You can ask our Contact Center for a list of similar drugs that are covered by Retiree RxCare. When you receive the list, show it to your doctor and ask him or her to prescribe a similar drug that is covered by Retiree RxCare.

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- You can ask Retiree RxCare to make an exception and cover your drug. See below for information about how to request an exception.

### How do I request an exception to the Retiree RxCare's Formulary?

You can ask Retiree RxCare to make an exception to our coverage rules. There are several types of exceptions that you can ask us to make.

- You can ask us to cover a drug even if it is not on our formulary. If approved, this drug will be covered at a pre-determined cost-sharing level, and you would not be able to ask us to provide the drug at a lower cost-sharing level.
- You can ask us to cover a formulary drug at a lower cost-sharing level, if this drug is not on the specialty tier. If approved, this would lower the amount you must pay for your drug.
- You can ask us to waive coverage restrictions or limits on your drug. For example, for certain drugs Retiree RxCare limits the amount of the drug that we will cover. If your drug has a quantity limit, you can ask us to waive the limit and cover a greater amount.

Generally, Retiree RxCare will only approve your request for an exception if the alternative drugs included on the plan's formulary, the lower cost-sharing drug or additional utilization restrictions would not be as effective in treating your condition and/or would cause you to have adverse medical effects.

You should contact us to ask us for an initial coverage decision for a formulary, tiering or utilization restriction exception. **When you request a formulary, tiering or utilization restriction exception you should submit a statement from your prescriber or physician supporting your request.** Generally, we must make our decision within 72 hours of getting your prescriber's supporting statement. You can request an expedited (fast) exception if you or your doctor believe that your health could be seriously harmed by waiting up to 72 hours for a decision. If your request to expedite is granted, we must give you a decision no later than 24 hours after we get a supporting statement from your doctor or other prescriber.

### What do I do before I can talk to my doctor about changing my drugs or requesting an exception?

As a new or continuing member in our plan you may be taking drugs that are not on our formulary. Or, you may be taking a drug that is on our formulary but your ability to get it is limited. For example, you may need a prior authorization from us before you can fill your prescription. You should talk to your doctor to decide if you should switch to an appropriate drug that we cover or request a formulary exception so that we will cover the drug you take. While you talk to your doctor to determine the right course of action for you, we may cover your drug in certain cases during the first 90 days you are a member of our plan.

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For each of your drugs that is not on our formulary or if your ability to get your drugs is limited, we will cover a temporary 30 day supply (unless you have a prescription written for fewer days) when you go to a network pharmacy. After your first 30 day supply, we will not pay for these drugs, even if you have been a member of the plan less than 90 days.

If you are a resident of a long-term care facility, we will allow you to refill your prescription until we have provided you with a 98 day transition supply, consistent with dispensing increment, (unless you have a prescription written for fewer days). We will cover more than one refill of these drugs for the first 90 days you are a member of our plan. If you need a drug that is not on our formulary or if your ability to get your drugs is limited, but you are past the first 90 days of membership in our plan, we will cover a 31 day emergency supply of that drug (unless you have a prescription for fewer days) while you pursue a formulary exception.

For current members, who are in a long-term care facility or going through level of care changes, Retiree RxCare will allow up to a one month supply of medication.

Examples of level-of-care changes may include:

- Discharge from a hospital to a home setting (i.e., assisted living, long-term care (LTC), or private home) accompanied by a list of medications that may not always consider the plan drug list due to the short-term nature of the hospital visit
- Termination of a Medicare Part A skilled nursing facility stay (where payments include all pharmacy charges)
- Hospice disenrollment
- Leaving a long-term care facility stay and returning to the community
- Discharge from psychiatric hospitals with drug regimens that are highly individualized

### For more information

For more detailed information about your Retiree RxCare prescription drug coverage, please review your Evidence of Coverage and other plan materials.

If you have questions about Retiree RxCare, please contact us. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

If you have general questions about Medicare prescription drug coverage, please call Medicare at 1-800-MEDICARE (1-800-633-4227) 24 hours a day/7 days a week. TTY users should call 1-877-486-2048. Or, visit [www.medicare.gov](http://www.medicare.gov).

### Retiree RxCare's Formulary

The formulary that begins on page 6 provides coverage information about the drugs covered by Retiree RxCare. If you have trouble finding your drug in the list, turn to the Index that begins on page 68.

The first column of the chart lists the drug name. Brand name drugs are capitalized (e.g., SYNTHROID) and generic drugs are listed in lower-case italics (e.g., *simvastatin*).

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The information in the Requirements/Limits column tells you if Retiree RxCare has any special requirements for coverage of your drug.

Understanding the Requirements/Limits	
Abbreviation	Definition
<b>PA</b> Prior Authorization	Prior Authorization is required to determine if your drug is covered under the plan. Additional information may be required from you or your physician to make the determination before you may get your prescription filled. If you do not get approval, Retiree RxCare may not cover the medication and you will be responsible for the full cost of the drug.
<b>B/D</b> Medicare Part B	This drug requires a Prior Authorization to determine if the drug is covered under Medicare Part B or Medicare Part D. Additional information may be required from you or your physician to make the determination before you may get your prescription filled. If you do not get approval, Retiree RxCare may not cover the medication and you will be responsible for the full cost of the drug, or for submitting the drug to your Medicare health plan.
<b>LA</b> Limited Access	Limited Access medications may not be available at all pharmacies. For information about where you can get this medication please call the phone numbers listed on the cover of this formulary.
<b>QL</b> Quantity Limits	This medication has restrictions or a Quantity Limit to the number of doses that may be covered for a specific day supply. Quantity limits are for your own safety and to ensure proper use of the drug. If your prescriber requests a quantity greater than the specific limit, you may request an authorization for the plan to cover the prescribed amount.
<b>ST</b> Step Therapy	This drug requires Step Therapy because there are other, lower cost alternative medications that are used to treat the same condition. You may be required to try an alternative drug to treat your condition before this drug may be covered. If you have tried other drugs and you and your prescriber do not think the other drugs are right for your situation, you may request that this medication be covered.

Drug Name	Drug Tier	Requirements/Limits
<b>Analgesics</b>		
<b>Nonsteroidal Anti-inflammatory Drugs</b>		
<i>celecoxib caps</i>	1	
<i>diclofenac potassium</i>	3	
<i>diclofenac sodium dr</i>	1	
<i>diclofenac sodium er</i>	3	
<i>diclofenac sodium xr</i>	3	
<i>diclofenac sodium/misoprostol</i>	3	
<i>diflunisal tabs</i>	1	
<i>etodolac</i>	1	
<i>etodolac er</i>	1	
FENOPROFEN CALCIUM CAPS 400MG	3	
<i>fenoprofen calcium tabs</i>	3	
<i>flurbiprofen tabs</i>	1	
<i>ibuprofen susp</i>	1	
<i>ibuprofen tabs 400mg, 600mg, 800mg</i>	1	
<i>indomethacin er</i>	3	PA
<i>indomethacin sr</i>	3	PA
INDOMETHACIN INJ	3	PA
<i>indomethacin caps</i>	3	PA
<i>ketoprofen er</i>	3	
<i>ketoprofen caps</i>	1	
<i>ketorolac tromethamine inj 15mg/ml, 300mg/10ml, 30mg/ml</i>	3	PA
<i>ketorolac tromethamine tabs 10mg</i>	3	QL (20 EA per 30 days) PA
<i>meclofenamate sodium caps</i>	3	
<i>mefenamic acid caps</i>	3	
<i>meloxicam tabs</i>	1	
<i>meloxicam susp</i>	1	
<i>nabumetone</i>	1	
<i>naproxen dr</i>	1	
<i>naproxen sodium cr</i>	3	
<i>naproxen sodium er tb24 375mg</i>	3	
<i>naproxen sodium tabs 275mg, 550mg</i>	1	
<i>naproxen tabs</i>	1	
<i>naproxen susp</i>	1	
<i>oxaprozin</i>	1	
<i>piroxicam caps</i>	1	
<i>tolmetin sodium caps</i>	1	
<i>tolmetin sodium tabs</i>	3	
ZIPSOR	3	
<b>Opioid Analgesics, Long-acting</b>		
<i>buprenorphine hcl inj 0.3mg/ml</i>	3	B/D
EMBEDA CPCR 20MG; 0.8MG, 30MG; 1.2MG, 50MG; 2MG, 60MG; 2.4MG	2	
EMBEDA CPCR 100MG; 4MG, 80MG; 3.2MG	4	
<i>fentanyl pt72 100mcg/hr, 12mcg/hr, 25mcg/hr, 37.5mcg/hr, 50mcg/hr, 62.5mcg/hr, 75mcg/hr</i>	3	
<i>fentanyl pt72 87.5mcg/hr</i>	3	
<i>hydromorphone hcl er t24a 12mg, 8mg</i>	3	
<i>hydromorphone hcl er t24a 16mg, 32mg</i>	4	
INFUMORPH 200	3	

Drug Name	Drug Tier	Requirements/Limits
INFUMORPH 500	3	
levorphanol tartrate tabs	3	
methadone hcl intensol	1	
methadone hcl conc, oral soln, tabs	1	
methadone hcl inj	3	
methadose sugar-free	1	
methadose conc	1	
morphine sulfate cr tbcr 60mg	1	
morphine sulfate er cp24 10mg, 120mg, 20mg, 30mg, 45mg, 50mg, 60mg, 75mg, 80mg, 90mg	3	
morphine sulfate er cp24 100mg	4	
morphine sulfate er tbcr	1	
OPANA ER (CRUSH RESISTANT) T12A 10MG, 15MG, 20MG, 5MG, 7.5MG	2	
OPANA ER (CRUSH RESISTANT) T12A 30MG, 40MG	4	
oxycodone hcl er t12a 10mg, 15mg, 20mg, 30mg, 40mg, 60mg	3	
oxycodone hcl er t12a 80mg	4	
oxymorphone hydrochloride er	3	
OXYCONTIN TAB CR	2	QL (90 EA per 30 days)
OXYCONTIN TAB 80MG CR	2	QL (120 EA per 30 days)
tramadol hcl er tb24	1	
<b>Opioid Analgesics, Short-acting</b>		
ABSTRAL	4	PA
acetaminophen/codeine #3	1	
acetaminophen/codeine soln	1	
acetaminophen/codeine tabs 300mg; 15mg, 300mg; 60mg	1	PA
ascomp/codeine	3	PA
aspirin-caffeine-dihydrocodeine	1	
butalbital compound/codeine	3	PA
butalbital/aspirin/caffeine/codeine	3	PA
butorphanol tartrate nasal soln	1	
butorphanol tartrate inj	3	B/D
codeine sulfate tabs	1	
codeine/acetaminophen	1	
duramorph	1	
endocet	1	
endodan	1	
fentanyl citrate oral transmucosal lpop 200mcg, 400mcg	3	PA
fentanyl citrate oral transmucosal lpop 1200mcg, 1600mcg, 600mcg, 800mcg	4	PA
FENTANYL CITRATE INJ 1000MCG/20ML	3	B/D
fentanyl citrate inj 1000mcg/20ml, 100mcg/2ml, 2500mcg/50ml, 250mcg/5ml	3	B/D
FENTORA	4	PA
hydrocodone bitartrate/acetaminophen soln 325mg/15ml; 7.5mg/15ml	1	
hydrocodone bitartrate/acetaminophen tabs 300mg; 10mg, 300mg; 5mg, 300mg; 7.5mg, 325mg; 2.5mg	1	
hydrocodone/acetaminophen soln	1	
hydrocodone/acetaminophen tabs 325mg; 10mg, 325mg; 5mg, 325mg; 7.5mg	1	



Drug Name	Drug Tier	Requirements/Limits
<i>hydrocodone/ibuprofen</i>	1	
<i>hydromorphone hcl liqd, tabs</i>	1	
<i>hydromorphone hcl inj 10mg/ml, 1mg/ml, 2mg/ml, 4mg/ml, 50mg/5ml</i>	1	
<i>ibudone tabs 5mg; 200mg</i>	1	
LAZANDA	4	PA
<i>lorcet</i>	1	
<i>lorcet hd</i>	1	
<i>lorcet plus tabs 325mg; 7.5mg</i>	1	
<i>lortab tabs</i>	1	
<i>morphine sulfate oral soln, tabs</i>	1	
<i>morphine sulfate inj 0.5mg/ml, 10mg/ml, 15mg/ml, 1mg/ml, 2mg/ml, 4mg/ml, 8mg/ml</i>	1	
<i>morphine sulfate inj 150mg/30ml, 1mg/ml</i>	1	B/D
<i>nalbuphine hcl inj</i>	3	
<i>opium</i>	3	
<i>opium tincture</i>	3	
<i>oxycodone hcl caps, soln, tabs</i>	1	
<i>oxycodone hcl conc</i>	3	
<i>oxycodone/acetaminophen soln</i>	1	
<i>oxycodone/acetaminophen tabs 325mg; 10mg, 325mg; 2.5mg, 325mg; 5mg, 325mg; 7.5mg</i>	1	
<i>oxycodone/aspirin</i>	1	
<i>oxycodone/ibuprofen</i>	1	
<i>oxymorphone hydrochloride</i>	1	
<i>pentazocine/naloxone hcl</i>	3	PA
PRIMLEV	3	
<i>reprexain tabs 10mg; 200mg</i>	1	
<i>roxicet</i>	1	
SUBSYS	4	PA
<i>tramadol hcl tabs</i>	1	
<i>tramadol hydrochloride/acetaminophen</i>	1	
<i>vicodin es tabs 300mg; 7.5mg</i>	1	
<i>vicodin hp tabs 300mg; 10mg</i>	1	
<i>vicodin tabs 300mg; 5mg</i>	1	
<i>xylon</i>	1	

## Anesthetics

### Local Anesthetics

<i>glydo</i>	1	
<i>lidocaine and tetracaine cream</i>	3	
<i>lidocaine hcl jelly</i>	1	
<i>lidocaine hcl/dextrose inj 7.5%; 5%</i>	3	
<i>lidocaine hcl gel 2%</i>	1	
<i>lidocaine hcl inj 0.5%, 1%, 1.5%, 2%, 4%</i>	1	
<i>lidocaine hcl external soln 4%</i>	1	
<i>lidocaine hcl mouth/throat soln 4%</i>	1	
<i>lidocaine viscous</i>	1	
<i>lidocaine/epinephrine</i>	1	
<i>lidocaine/prilocaine kit</i>	1	QL (30 EA per 30 days)
<i>lidocaine/prilocaine crea</i>	1	
<i>lidocaine oint</i>	3	

Drug Name	Drug Tier	Requirements/Limits
<i>lidocaine ptch</i>	3	PA
<i>lidopril</i>	1	QL (30 EA per 30 days)
PLIAGLIS	3	
<i>relador pak</i>	1	QL (30 EA per 30 days)
<i>relador pak plus</i>	1	QL (30 EA per 30 days)
<i>xylocaine dental</i>	1	
<b>Anti-Addiction/Substance Abuse Treatment Agents</b>		
<b>Alcohol Deterrents/Anti-craving</b>		
<i>acamprosate calcium dr</i>	1	
<i>disulfiram tabs</i>	1	
VIVITROL	4	PA
<b>Opioid Dependence Treatments</b>		
<i>buprenorphine hcl/naloxone hcl subl 2mg; 0.5mg</i>	3	QL (360 EA per 30 days) PA
<i>buprenorphine hcl/naloxone hcl subl 8mg; 2mg</i>	3	QL (90 EA per 30 days) PA
<i>buprenorphine hcl subl 2mg, 8mg</i>	1	PA
BUTRANS DIS	3	
<i>naltrexone hcl tabs</i>	1	
SUBOXONE FILM 4MG; 1MG	2	QL (180 EA per 30 days) PA
SUBOXONE FILM 2MG; 0.5MG	2	QL (360 EA per 30 days) PA
SUBOXONE FILM 12MG; 3MG	2	QL (60 EA per 30 days) PA
SUBOXONE FILM 8MG; 2MG	2	QL (90 EA per 30 days) PA
ZUBSOLV SUBL 2.9MG; 0.71MG	3	QL (180 EA per 30 days) PA
ZUBSOLV SUBL 11.4MG; 2.9MG	3	QL (30 EA per 30 days) PA
ZUBSOLV SUBL 1.4MG; 0.36MG	3	QL (360 EA per 30 days) PA
ZUBSOLV SUBL 8.6MG; 2.1MG	3	QL (60 EA per 30 days) PA
ZUBSOLV SUBL 5.7MG; 1.4MG	3	QL (90 EA per 30 days) PA
<b>Opioid Reversal Agents</b>		
<i>naloxone hcl inj</i>	1	
NARCAN	3	
<b>Smoking Cessation Agents</b>		
<i>buproban</i>	1	
<i>bupropion hcl sr tb12 150mg</i>	1	QL (60 EA per 30 days)
CHANTIX CONTINUING MONTH PAK	3	QL (168 EA per 84 days)
CHANTIX STARTING MONTH PAK	3	QL (53 EA per 28 days)
CHANTIX TABS 0.5MG	3	QL (11 EA per 30 days)
CHANTIX TABS 1MG	3	QL (168 EA per 84 days)
NICOTROL INHALER	3	
NICOTROL NS	2	
<b>Anti-inflammatory Agents</b>		
<b>Nonsteroidal Anti-inflammatory Drugs</b>		
<i>diclofenac sodium gel 3%</i>	4	
<i>sulindac tabs</i>	1	
<b>Antibacterials</b>		
<b>Aminoglycosides</b>		
<i>amikacin sulfate inj</i>	1	
<i>gentak</i>	1	
<i>gentamicin sulfate pediatric</i>	1	
<i>gentamicin sulfate/0.9% sodium chloride</i>	1	
<i>gentamicin sulfate ophthalmic soln</i>	1	
<i>gentamicin sulfate crea, inj, external oint, ophthalmic oint</i>	1	
<i>isotonic gentamicin inj 0.8mg/ml; 0.9%</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>neomycin sulfate</i>	1	
<i>neomycin/polymyxin b sulfates</i>	1	
<i>paromomycin sulfate</i>	1	
<i>streptomycin sulfate inj</i>	3	
<i>tobramycin sulfate ophthalmic soln</i>	1	
<i>tobramycin sulfate inj</i>	1	
TOBREX OINT	3	
<b>Antibacterials, Other</b>		
ALCOHOL PREP PADS	2	
ALTABAX	3	
<i>baciim</i>	1	
<i>bacitracin inj, oint</i>	1	
BACTROBAN NASAL	3	
CENTANY AT	3	
<i>chloramphenicol sodium succinate</i>	1	
CLEOCIN SUPP	3	
<i>clindacin etz pledgets</i>	1	
<i>clindacin-p</i>	1	
<i>clindamycin</i>	1	
<i>clindamycin hcl caps</i>	1	
<i>clindamycin palmitate hcl</i>	1	
<i>clindamycin phosphate add-vantage</i>	1	
<i>clindamycin phosphate in d5w</i>	1	
<i>clindamycin phosphate pharmacy bulk package</i>	1	
<i>clindamycin phosphate crea, gel, inj, lotn, external soln, swab</i>	1	
<i>clindamycin phosphate foam</i>	3	
CLINDESSE	3	
<i>colistimethate sodium</i>	3	
CUBICIN	4	
DALVANCE	4	
FLAGYL ER	3	
<i>lincomycin hcl inj</i>	1	
<i>linezolid susr</i>	3	
<i>linezolid tabs</i>	3	
<i>linezolid inj 600mg/300ml</i>	3	
<i>mafenide acetate pack</i>	3	
<i>methenamine hippurate</i>	1	
METRO IV	3	
<i>metronidazole in nacl 0.79%</i>	1	
<i>metronidazole vaginal</i>	1	
<i>metronidazole caps, crea, gel, lotn</i>	1	
<i>metronidazole tabs</i>	1	
MONUROL	3	
<i>mupirocin calcium</i>	1	
<i>mupirocin crea, oint</i>	1	
<i>neo-polycin hc</i>	1	
<i>neomycin/polymyxin/bacitracin/hydrocortisone</i>	1	
<i>neomycin/polymyxin/hydrocortisone ophthalmic susp 1%; 3.5mg/ml; 10000unit/ml</i>	1	
<i>nitrofurantoin macrocrystals caps 25mg</i>	3	
<i>nitrofurantoin macrocrystals caps 100mg</i>	1	QL (30 EA per 30 days)

Drug Name	Drug Tier	Requirements/Limits
<i>nitrofurantoin macrocrystals caps 50mg</i>	1	QL (30 EA per 30 days)
<i>nitrofurantoin monohydrate</i>	3	
<i>nitrofurantoin monohydrate/macrocrystals</i>	3	
<i>nitrofurantoin caps</i>	3	QL (360 EA per 365 days)
<i>nitrofurantoin susp</i>	3	QL (7590 ML per 120 days)
NORITATE	4	
ORBACTIV	4	
<i>polymyxin b sulfate inj</i>	1	
PRIMSOL	3	
<i>rosadan</i>	1	
ROSADAN KIT	3	
<i>silver sulfadiazine crea</i>	1	
SIVEXTRO	4	
<i>ssd</i>	1	
SULFAMYLON CREA	3	
SYNERCID	4	
<i>trimethoprim tabs</i>	1	
TYGACIL	4	
<i>vancomycin hcl in dextrose</i>	1	
<i>vancomycin hcl caps</i>	3	
<i>vancomycin hcl inj 1000mg, 10gm, 5000mg, 500mg, 750mg</i>	1	
<i>vandazole</i>	1	
VIBATIV INJ 250MG	3	
XIFAXAN	4	PA
<b>Beta-lactam, Cephalosporins</b>		
AVYCAZ	4	
<i>cefaclor</i>	3	
<i>cefaclor er</i>	3	
<i>cefadroxil</i>	1	
<i>cefazolin</i>	1	
<i>cefazolin sodium</i>	1	
<i>cefazolin sodium/dextrose</i>	1	
<i>cefdinir</i>	1	
<i>cefepime</i>	1	
<i>cefepime/dextrose</i>	1	
<i>cefixime</i>	3	
<i>cefotaxime sodium</i>	1	
<i>cefotetan/dextrose</i>	1	
<i>cefoxitin sodium</i>	1	
<i>cefpodoxime proxetil</i>	1	
<i>cefprozil</i>	1	
<i>ceftazidime</i>	1	
<i>ceftazidime/dextrose</i>	1	
<i>ceftibuten caps</i>	3	
<i>ceftriaxone in iso-osmotic dextrose</i>	1	
<i>ceftriaxone sodium</i>	1	
<i>ceftriaxone/dextrose</i>	1	
<i>cefuroxime axetil</i>	1	
<i>cefuroxime sodium</i>	1	
<i>cephalexin caps</i>	1	
<i>cephalexin susr, tabs</i>	1	

Drug Name	Drug Tier	Requirements/Limits
SUPRAX CAPS, CHEW	2	
SUPRAX SUSR 500MG/5ML	2	
<i>tazicef inj 1gm, 2gm, 6gm</i>	1	
TEFLARO	4	
<i>zinacef inj 1.5gm; 0, 750mg</i>	1	
<b>Beta-lactam, Other</b>		
AZACTAM IN ISO-OSMOTIC DEXTROSE INJ 2GM; 0	3	
<i>azactam in iso-osmotic dextrose inj 1gm; 0</i>	3	
<i>aztreonam</i>	1	
<i>cefotetan</i>	1	
DORIBAX	3	
<i>imipenem/cilastatin</i>	3	
INVANZ	3	
<i>meropenem</i>	1	
<i>meropenem/sodium chloride</i>	1	
<b>Beta-lactam, Penicillins</b>		
<i>amoxicillin</i>	1	
<i>amoxicillin/clavulanate potassium</i>	1	
<i>amoxicillin/clavulanate potassium er</i>	1	
<i>ampicillin</i>	1	
<i>ampicillin sodium inj</i>	1	
<i>ampicillin-sulbactam</i>	1	
AUGMENTIN SUSR 125MG/5ML; 31.25MG/5ML	3	
BACTOCILL IN DEXTROSE	3	
BICILLIN C-R	3	
BICILLIN L-A	3	
<i>dicloxacillin sodium</i>	1	
NAFCILLIN	3	
<i>nafcillin sodium</i>	3	
<i>oxacillin sodium inj 1gm, 2gm</i>	3	
<i>oxacillin sodium inj 10gm</i>	4	
<i>penicillin g potassium in iso-osmotic dextrose</i>	1	
<i>penicillin g potassium inj 20000000unit, 5000000unit</i>	1	
PEN G PROC INJ 600000	3	
<i>penicillin g sodium</i>	1	
<i>penicillin v potassium</i>	1	
<i>pfizerpen-g inj 5000000unit</i>	1	
<i>piperacillin sodium/ tazobactam sodium</i>	1	
<i>piperacillin sodium/tazobactam sodium</i>	1	
<i>piperacillin/tazobactam inj 2gm; 0.25gm, 36gm; 4.5gm, 4gm; 0.5gm</i>	1	
ZOSYN INJ 5%; 2GM/50ML; 0.25GM/50ML, 5%; 3GM/50ML; 0.375GM/50ML, 5%; 4GM/100ML; 0.5GM/100ML	3	
<b>Macrolides</b>		
AZASITE	3	
<i>azithromycin tabs</i>	1	
<i>azithromycin inj, pack, susr</i>	1	
<i>clarithromycin er</i>	1	
<i>clarithromycin susr, tabs</i>	1	
DIFICID	4	

Drug Name	Drug Tier	Requirements/Limits
E.E.S. GRANULES	3	
E.E.S. TAB 400MG	3	
<i>ery</i>	1	
ERY-TAB	2	
ERYPED 200	3	
ERYPED 400	3	
<i>erythrocin lactobionate</i>	3	
ERYTHROCIN STEARATE	3	
<i>erythromycin base</i>	3	
<i>erythromycin ethylsuccinate tabs</i>	3	
<i>erythromycin stearate tabs</i>	3	
<i>erythromycin oint</i>	1	
<i>erythromycin gel, pads, soln</i>	1	
<i>erythromycin cpep</i>	3	
<i>ilotycin</i>	1	
KETEK	3	
PCE	3	
ZMAX	3	
<b>Quinolones</b>		
BESIVANCE	2	
CILOXAN OINT	3	
<i>ciprofloxacin er</i>	1	
<i>ciprofloxacin hcl soln, tabs</i>	1	
<i>ciprofloxacin i.v.-in d5w</i>	1	
<i>ciprofloxacin inj, otic soln, susr</i>	1	
<i>gatifloxacin</i>	1	
<i>levofloxacin in d5w</i>	1	
<i>levofloxacin ophthalmic soln</i>	1	
<i>levofloxacin inj, oral soln</i>	3	
<i>levofloxacin tabs</i>	1	
MOXEZA	2	
MOXIFLOXACIN HCL INJ	3	
<i>moxifloxacin hcl tabs</i>	1	
<i>ofloxacin</i>	1	
VIGAMOX	2	
<b>Sulfonamides</b>		
<i>sodium sulfacetamide soln</i>	1	
<i>sodium sulfacetamide lotn</i>	3	
<i>sulfacetamide sodium oint, soln</i>	1	
<i>sulfacetamide sodium susp</i>	3	
<i>sulfadiazine tabs</i>	3	
<i>sulfamethoxazole/trimethoprim ds</i>	1	
<i>sulfamethoxazole/trimethoprim tabs</i>	1	
<i>sulfamethoxazole/trimethoprim susp</i>	1	
<i>sulfamethoxazole/trimethoprim inj</i>	3	
<i>sulfatrim pediatric</i>	1	
<b>Tetracyclines</b>		
<i>demeclocycline hcl</i>	1	
DORYX TBEC 200MG, 50MG	3	
<i>doxy 100</i>	1	
<i>doxycycline hyclate dr tbec 100mg, 150mg, 75mg</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>doxycycline hyclate dr tbec 200mg, 50mg</i>	3	
<i>doxycycline hyclate caps, inj, tabs</i>	1	
<i>doxycycline monohydrate caps, tabs</i>	1	
<i>doxycycline caps 75mg</i>	1	
<i>doxycycline caps 150mg</i>	3	
<i>doxycycline susr 25mg/5ml</i>	1	
<i>minocycline hcl er</i>	1	
<i>minocycline hcl caps, tabs</i>	1	
<i>minocycline hcl caps 50mg</i>	1	
<i>mondoxyne nl</i>	1	
MORGIDOX 1X100MG KIT	3	
<i>morgidox 1x100mg caps</i>	1	
MORGIDOX 2X100MG KIT	3	
<i>morgidox 2x100mg caps</i>	1	
OCUDOX	3	
TETRACYCLINE HCL CAPS	3	
VIBRAMYCIN SYRP	3	
<b>Anticonvulsants</b>		
<i>Anticonvulsants, Other</i>		
APTIOM TABS 200MG	3	
APTIOM TABS 400MG, 600MG, 800MG	4	
BRIVIACT INJ	3	
BRIVIACT ORAL SOLN, TABS	4	
BRIVIACT TAB 10MG	3	
FYCOMPA	3	
<i>levetiracetam er</i>	1	
<i>levetiracetam tabs</i>	1	
<i>levetiracetam oral soln</i>	1	
LEVETIRACETAM INJ 1000MG/100ML; 750MG/100ML, 1500MG/100ML; 540MG/100ML, 500MG/100ML; 820MG/100ML	3	
<i>levetiracetam inj 500mg/5ml</i>	3	
<i>magnesium sulfate in d5w</i>	1	
POTIGA	2	
<i>roweepra</i>	1	
SPRITAM	3	
<i>Calcium Channel Modifying Agents</i>		
CELONTIN	3	
<i>ethosuximide</i>	1	
LYRICA SOLN	2	QL (900 ML per 30 days)
LYRICA CAPS 300MG	2	QL (60 EA per 30 days)
LYRICA CAPS 75MG	2	QL (120 EA per 30 days)
LYRICA CAPS 100MG, 150MG, 200MG, 225MG, 25MG, 50MG	2	QL (90 EA per 30 days)
<i>zonisamide</i>	1	
<i>Gamma-aminobutyric Acid (GABA) Augmenting Agents</i>		
<i>clonazepam odt tbdp 2mg</i>	1	QL (300 EA per 30 days)
<i>clonazepam odt tbdp 0.125mg, 0.25mg, 0.5mg, 1mg</i>	1	QL (90 EA per 30 days)
<i>clonazepam tabs</i>	1	
<i>diazepam gel 10mg, 2.5mg, 20mg</i>	3	
<i>divalproex sodium</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>divalproex sodium dr</i>	1	
<i>divalproex sodium er</i>	1	
<i>gabapentin caps</i>	1	
<i>gabapentin soln, tabs</i>	1	
GABITRIL TABS 12MG, 16MG	3	
ONFI SUSP	4	
ONFI TABS 10MG	3	
ONFI TABS 20MG	4	
<i>phenobarbital</i>	1	PA
<i>primidone tabs</i>	1	
SABRIL	4	PA
<i>tiagabine hydrochloride</i>	3	
<i>valproate sodium inj</i>	3	
<i>valproic acid caps, syrp</i>	1	
<b>Glutamate Reducing Agents</b>		
<i>felbamate tabs</i>	3	
<i>felbamate susp</i>	4	
LAMICTAL STARTER/NOT TAKING CARBAMAZEPINE	3	
LAMICTAL STARTER/TAKING CARBAMAZEPINE/NOT	4	
TAKING VALPROATE		
LAMICTAL STARTER/TAKING VALPROATE	3	
<i>lamotrigine er</i>	3	
<i>lamotrigine odt</i>	3	
<i>lamotrigine titration</i>	3	
<i>lamotrigine tabs</i>	1	
<i>lamotrigine chew</i>	1	
<i>topiramate er</i>	3	
<i>topiramate tabs</i>	1	
<i>topiramate cpsp</i>	1	
<b>Sodium Channel Agents</b>		
BANZEL	4	
<i>carbamazepine er</i>	1	
<i>carbamazepine chew, susp, tabs</i>	1	
CARBATROL	3	
DILANTIN	3	
DILANTIN INFATABS	3	
DILANTIN-125	3	
<i>epitol</i>	1	
<i>fosphenytoin sodium</i>	1	
<i>oxcarbazepine tabs</i>	1	
<i>oxcarbazepine susp</i>	3	
PEGANONE	3	
PHENYTEK	3	
<i>phenytoin sodium extended</i>	1	
<i>phenytoin sodium inj</i>	1	
<i>phenytoin chew, susp</i>	1	
TEGRETOL-XR	3	
TEGRETOL SUSP, TABS	3	
VIMPAT	3	

### Antidementia Agents

*Antidementia Agents, Other*



Drug Name	Drug Tier	Requirements/Limits
ERGOLOID MESYLATES TABS	2	PA
NAMZARIC	2	QL (30 EA per 30 days)
<b>Cholinesterase Inhibitors</b>		
donepezil hcl tbdp	1	
donepezil hcl tabs 10mg, 5mg	1	
donepezil hcl tabs 23mg	3	
EXELON DIS	2	
galantamine hydrobromide cp24, tabs	1	
galantamine hydrobromide soln	3	
rivastigmine tartrate	1	
rivastigmine transdermal system	3	
<b>N-methyl-D-aspartate (NMDA) Receptor Antagonist</b>		
memantine hcl	1	
memantine hcl titration pak	1	
memantine hydrochloride soln	1	
NAMENDA	3	
NAMENDA TITRATION PAK	3	
NAMENDA XR	2	QL (30 EA per 30 days)
NAMENDA XR TITRATION PACK	2	QL (56 EA per 365 days)
<b>Antidepressants</b>		
<b>Antidepressants, Other</b>		
APLENZIN	4	QL (30 EA per 30 days) ST
bupropion hcl er	1	QL (90 EA per 30 days)
bupropion hcl sr tb12 100mg	1	QL (120 EA per 30 days)
bupropion hcl sr tb12 150mg, 200mg	1	QL (90 EA per 30 days)
bupropion hcl xl tb24 300mg	1	QL (90 EA per 30 days)
bupropion hcl xl tb24 150mg	1	QL (90 EA per 30 days)
bupropion hcl tabs	1	
FORFIVO XL	2	QL (30 EA per 30 days)
maprotiline hcl	1	
mirtazapine	1	
mirtazapine odt	1	
nefazodone hcl	3	
trazodone hcl tabs	1	
<b>Monoamine Oxidase Inhibitors</b>		
EMSAM	4	QL (30 EA per 30 days) ST
MARPLAN	3	
phenelzine sulfate	1	
tranylcypromine sulfate	3	
<b>SSRI/SNRI (Selective Serotonin Reuptake Inhibitors/Serotonin and Norepinephrine Reuptake Inhibitor)</b>		
TRINTELLIX	3	
<b>SSRIs/SNRI (Selective Serotonin Reuptake Inhibitors/Serotonin and Norepinephrine Reuptake Inhibitor)</b>		
BRINTELLIX	3	QL (30 EA per 30 days)
citalopram hydrobromide tabs	1	ST
citalopram hydrobromide soln	1	ST
DESVENLAFAXINE ER TB24 100MG	3	QL (120 EA per 30 days) ST
DESVENLAFAXINE ER TB24 50MG	3	QL (30 EA per 30 days) ST
DULOXETINE HCL CPEP 40MG	3	QL (60 EA per 30 days)
duloxetine hcl cpep 20mg, 60mg	1	QL (60 EA per 30 days)

Drug Name	Drug Tier	Requirements/Limits
<i>duloxetine hcl cpep 30mg</i>	1	QL (90 EA per 30 days)
<i>escitalopram oxalate</i>	1	
FETZIMA	2	ST
FETZIMA TITRATION PACK	2	ST
<i>fluoxetine</i>	1	
<i>fluoxetine dr</i>	1	QL (4 EA per 28 days)
<i>fluoxetine hcl caps</i>	1	
<i>fluoxetine hcl soln, tabs</i>	1	
<i>fluvoxamine maleate</i>	1	
<i>fluvoxamine maleate er</i>	3	QL (60 EA per 30 days)
KHEDEZLA TB24 100MG	3	QL (120 EA per 30 days) ST
KHEDEZLA TB24 50MG	3	QL (30 EA per 30 days) ST
<i>olanzapine/fluoxetine caps 25mg; 12mg, 50mg; 12mg, 50mg; 6mg</i>	3	QL (30 EA per 30 days)
<i>olanzapine/fluoxetine caps 25mg; 3mg, 25mg; 6mg</i>	3	QL (90 EA per 30 days)
<i>paroxetine hcl</i>	1	
<i>paroxetine hcl er</i>	1	
PAXIL SUSP	3	
PEXEVA TABS 10MG, 20MG, 40MG	3	QL (30 EA per 30 days) ST
PEXEVA TABS 30MG	3	QL (60 EA per 30 days) ST
PRISTIQ TB24 25MG, 50MG, 100MG	2	
<i>sertraline hcl tabs</i>	1	
<i>sertraline hcl conc</i>	1	
<i>venlafaxine hcl</i>	1	
<i>venlafaxine hcl er</i>	1	
VIIBRYD STARTER PACK	2	QL (30 EA per 30 days)
VIIBRYD TABS	2	QL (30 EA per 30 days)
VIIBRYD KIT	2	QL (60 EA per 365 days)
<b>Tricyclics</b>		
<i>amitriptyline hcl tabs</i>	3	PA
<i>amoxapine</i>	1	
<i>chlordiazepoxide/amitriptyline</i>	3	PA
<i>clomipramine hcl caps</i>	3	PA
<i>desipramine hcl tabs</i>	1	
<i>doxepin hcl caps, conc</i>	3	PA
<i>imipramine hcl tabs</i>	3	PA
<i>imipramine pamoate</i>	3	PA
<i>nortriptyline hcl caps</i>	1	
<i>nortriptyline hcl soln</i>	1	
<i>perphenazine/amitriptyline</i>	3	PA
<i>protriptyline hcl</i>	1	
SURMONTIL CAP	3	
<i>trimipramine maleate caps</i>	3	
<b>Antiemetics</b>		
<b>Antiemetics, Other</b>		
<i>droperidol inj</i>	1	
<i>meclizine hcl tabs</i>	1	
<i>phenadoz</i>	3	PA
<i>phenergan supp</i>	3	PA
<i>promethazine hcl inj, supp, syrp</i>	3	PA
<i>promethazine hcl tabs</i>	1	PA

Drug Name	Drug Tier	Requirements/Limits
<i>promethegan</i>	3	PA
TRANSDERM-SCOP	3	
<i>trimethobenzamide hcl caps</i>	3	PA
<b>Emetogenic Therapy Adjuncts</b>		
ALOXI	3	
ANZEMET INJ	3	
ANZEMET TABS 50MG	3	QL (5 EA per 30 days) B/D
ANZEMET TABS 100MG	4	QL (5 EA per 30 days) B/D
<i>dronabinol</i>	3	QL (60 EA per 30 days) B/D
EMEND CAPS 40MG	3	QL (30 EA per 30 days) B/D
EMEND CAPS 125MG	3	QL (30 EA per 30 days) B/D
EMEND CAPS PAK	3	QL (12 EA per 30 days) B/D
EMEND CAPS 80MG	3	QL (30 EA per 30 days) B/D
EMEND SOL 150MG	3	
<i>granisetron hcl inj</i>	1	
<i>granisetron hcl tabs</i>	1	QL (30 EA per 30 days) B/D
<i>ondansetron hcl oral soln</i>	1	QL (450 ML per 30 days) B/D
<i>ondansetron hcl inj 40mg/20ml, 4mg/2ml</i>	1	
<i>ondansetron hcl tabs 4mg, 8mg</i>	1	B/D
<i>ondansetron hcl tabs 24mg</i>	1	QL (30 EA per 30 days) B/D
<i>ondansetron odt</i>	1	B/D
SANCUSO	4	QL (2 EA per 30 days)
<b>Antifungals</b>		
<b>Antifungals</b>		
ABELCET	4	B/D
AMBISOME	4	B/D
<i>amphotericin b</i>	3	B/D
CANCIDAS	4	
<i>ciclodan crea</i>	1	
<i>ciclodan soln</i>	1	PA
<i>ciclopirox</i>	1	
<i>ciclopirox nail lacquer</i>	1	
<i>ciclopirox olamine crea</i>	1	
<i>clotrimazole crea</i>	1	
<i>clotrimazole soln, troc</i>	1	
CRESEMBA	4	
<i>econazole nitrate crea</i>	3	
ERAXIS	4	
EXELDERM	3	
<i>fluconazole in dextrose inj 56mg/ml; 200mg/100ml</i>	1	
<i>fluconazole in nacl</i>	1	
<i>fluconazole tabs</i>	1	
<i>fluconazole susr</i>	1	
<i>flucytosine</i>	4	
<i>griseofulvin microsize susp</i>	1	
<i>griseofulvin microsize tabs</i>	3	
<i>griseofulvin ultramicrosize</i>	3	
GYNAZOLE-1	3	
<i>itraconazole caps</i>	3	PA
JUBLIA	3	
<i>ketoconazole sham</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>ketoconazole crea, tabs</i>	1	
<i>ketoconazole foam</i>	3	
<i>ketodan</i>	3	
LAMISIL PACK	3	
MENTAX	3	
<i>miconazole 3 supp</i>	1	
MYCAMINE INJ 50MG	3	
MYCAMINE INJ 100MG	4	
NAFTIFINE HCL	3	
<i>naftifine hydrochloride</i>	3	
NAFTIN GEL	3	
NATACYN	3	
NOXAFIL INJ	3	
NOXAFIL SUSP, TBEC	4	
<i>nyamyc</i>	1	
<i>nystatin/triamcinolone</i>	1	
<i>nystatin susp</i>	1	
<i>nystatin crea, oint, powd, tabs</i>	1	
<i>nystop</i>	1	
ONMEL	4	PA
<i>oxiconazole nitrate</i>	1	
OXISTAT LOTN	3	
SPORANOX SOLN	4	PA
<i>terbinafine hcl tabs</i>	1	QL (84 EA per 180 days)
<i>terconazole</i>	1	
<i>voriconazole inj, tabs</i>	3	
<i>voriconazole susr</i>	4	
<i>zazole</i>	1	
<b>Antigout Agents</b>		
<i>Antigout Agents</i>		
<i>allopurinol tabs</i>	1	
<i>colchicine tabs</i>	3	
COLCRYS	3	
KRYSTEXXA	4	PA
<i>probenecid/colchicine</i>	1	
<i>probenecid tabs</i>	1	
ULORIC	2	ST
<b>Antimigraine Agents</b>		
<i>Ergot Alkaloids</i>		
CAFERGOT	3	
<i>dihydroergotamine mesylate inj</i>	3	
<i>dihydroergotamine mesylate nasal soln</i>	4	QL (8 ML per 30 days)
ERGOMAR	2	
MIGERGOT	3	
<i>Serotonin (5-HT) 1b/1d Receptor Agonists</i>		
<i>almotriptan malate</i>	3	QL (12 EA per 30 days)
<i>frovatriptan succinate</i>	3	QL (9 EA per 30 days)
<i>naratriptan hcl</i>	1	QL (9 EA per 30 days)
<i>rizatriptan benzoate 10mg</i>	1	QL (18 EA per 30 days)
<i>rizatriptan benzoate 5mg</i>	1	QL (24 EA per 30 days)
<i>rizatriptan benzoate odt 10mg</i>	1	QL (18 EA per 30 days)

Drug Name	Drug Tier	Requirements/Limits
<i>rizatriptan benzoate odt 5mg</i>	1	QL (24 EA per 30 days)
SUMATRIPTAN SUCCINATE REFILL	3	QL (5 ML per 30 days)
<i>sumatriptan succinate tabs</i>	1	QL (9 EA per 30 days)
SUMATRIPTAN SUCCINATE INJ 4MG/0.5ML	3	QL (5 ML per 30 days)
<i>sumatriptan succinate inj 6mg/0.5ml</i>	3	QL (8 ML per 30 days)
SUMATRIPTAN SOLN	3	QL (18 EA per 30 days)
<i>zolmitriptan odt tbdp 2.5mg</i>	1	QL (12 EA per 30 days)
<i>zolmitriptan odt tbdp 5mg</i>	1	QL (9 EA per 30 days)
<i>zolmitriptan tabs</i>	1	QL (12 EA per 30 days)
<b>Antimyasthenic Agents</b>		
<i>Parasympathomimetics</i>		
GUANIDINE HCL	2	
MESTINON SYRP	4	
<i>pyridostigmine bromide tabs</i>	1	
<i>pyridostigmine bromide tbcr</i>	3	
REGONOL	3	
<b>Antimycobacterials</b>		
<i>Antimycobacterials, Other</i>		
<i>dapsone tabs</i>	1	
<i>rifabutin</i>	1	
<i>Antituberculars</i>		
CAPASTAT SULFATE	3	
<i>cycloserine</i>	3	
<i>ethambutol hcl</i>	1	
<i>isoniazid tabs</i>	1	
<i>isoniazid inj, syrp</i>	3	
PASER	3	
PRIFTIN	3	
<i>pyrazinamide tabs</i>	1	
<i>rifampin caps</i>	1	
<i>rifampin inj</i>	3	
RIFATER	3	
SIRTURO	4	
TRECTOR	3	
<b>Antineoplastic</b>		
<i>Antineoplastics other</i>		
<i>hydroxyprogesterone caproate</i>	4	PA
<b>Antineoplastics</b>		
<i>Alkylating Agents</i>		
BENDEKA	4	
BICNU	3	
BUSULFEX	4	
CYCLOPHOSPHAMIDE CAPS	1	B/D
<i>cyclophosphamide inj</i>	4	
<i>dacarbazine</i>	1	
EVOMELA	4	
GLEOSTINE	3	
HEXALEN	4	
IFOSFAMIDE INJ 3GM	3	
<i>ifosfamide inj 1gm/20ml, 1gm, 3gm/60ml</i>	3	
LEUKERAN	3	

Drug Name	Drug Tier	Requirements/Limits
<i>lomustine</i>	3	
MATULANE	4	
<i>melphalan hydrochloride</i>	4	
MUSTARGEN	3	
TEMODAR INJ	3	PA
<i>Thiotepa</i>	3	
TREANDA	4	
VALCHLOR	4	PA
YONDELIS	4	
ZANOSAR	4	
<b>Antiandrogens</b>		
<i>bicalutamide</i>	1	
<i>flutamide</i>	1	
NILANDRON	4	
<i>nilutamide</i>	4	
XTANDI	4	PA
ZYTIGA	4	PA
<b>Antiangiogenic Agents</b>		
POMALYST	4	PA
REVLIMID	4	PA
THALOMID	4	PA
<b>Antiestrogens/Modifiers</b>		
EMCYT	3	
FARESTON	4	
FASLODEX	4	
SOLTAMOX	3	
<i>tamoxifen citrate tabs</i>	1	
<b>Antimetabolites</b>		
<i>adrucil</i>	1	B/D
ALIMTA	4	
ARRANON	3	
<i>cladribine</i>	4	B/D
CLOLAR	4	
<i>cytarabine aqueous</i>	1	B/D
DEPOCYT	4	B/D
DROXIA	3	
ELITEK	3	
<i>floxuridine</i>	3	B/D
<i>fluorouracil inj 1gm/20ml, 2.5gm/50ml, 500mg/10ml, 5gm/100ml</i>	1	B/D
FOLOTYN	4	PA
<i>gemcitabine</i>	3	
<i>gemcitabine hcl</i>	3	
<i>hydroxyurea caps</i>	1	
LONSURF TABS 6.14MG; 15MG	4	QL (150 EA per 28 days) PA
LONSURF TABS 8.19MG; 20MG	4	QL (160 EA per 28 days) PA
<i>mercaptopurine tabs</i>	1	
NIPENT	4	
PURIXAN	4	
TABLOID	3	
<b>Antineoplastics, Other</b>		

Drug Name	Drug Tier	Requirements/Limits
ABRAXANE	4	
<i>amifostine</i>	4	
<i>azacitidine</i>	4	
BELEODAQ	4	PA
<i>bleomycin sulfate</i>	1	B/D
<i>carboplatin</i>	1	
<i>cisplatin</i>	1	
COSMEGEN	4	
COTELLIC	4	PA
<i>daunorubicin hcl</i>	3	
DAUNOXOME	4	
<i>decitabine</i>	4	PA
<i>dexrazoxane</i>	4	
DOCEFREZ INJ 20MG	4	
<i>docetaxel inj 140mg/7ml, 160mg/16ml, 160mg/8ml, 200mg/20ml, 20mg/2ml, 20mg/ml, 80mg/4ml, 80mg/8ml</i>	4	
<i>doxorubicin hcl</i>	1	B/D
<i>doxorubicin hcl liposome</i>	4	B/D
<i>epirubicin hcl inj 200mg/100ml, 50mg/25ml</i>	1	
ERWINAZE	4	
FARYDAK CAP 10MG	4	QL (60 EA per 30 days) PA
FARYDAK CAP 15MG, 20MG	4	QL (30 EA per 30 days) PA
FLUDARABINE PHOSPHATE INJ 50MG/2ML	3	
<i>fludarabine phosphate inj 50mg</i>	3	
FUSILEV	4	
GILOTRIF	4	QL (30 EA per 30 days) PA
HALAVEN	4	PA
IBRANCE	4	PA
<i>idarubicin hcl</i>	4	
<i>irinotecan</i>	1	B/D
ISTODAX	4	PA
IXEMPRA KIT	4	
JEVTANA	4	PA
<i>leucovorin calcium tabs</i>	1	
<i>leucovorin calcium inj</i>	3	
<i>levoleucovorin</i>	4	
<i>levoleucovorin calcium</i>	4	
<i>lipodox</i>	4	B/D
<i>lipodox 50</i>	4	B/D
LYNPARZA	4	PA
<i>mesna</i>	1	
MESNEX TABS	4	
<i>Mitomycin</i>	3	
<i>mitoxantrone hcl</i>	1	
NINLARO	4	PA
ODOMZO	4	PA
ONCASPASPAR	4	
<i>oxaliplatin inj 100mg/20ml, 50mg/10ml</i>	3	B/D
<i>oxaliplatin inj 100mg, 50mg</i>	4	B/D
<i>paclitaxel</i>	1	
PORTRAZZA	4	QL (2 ML per 21 days) PA

Drug Name	Drug Tier	Requirements/Limits
PROLEUKIN	4	
SYLATRON	4	PA
SYNRIBO	4	PA
TAGRISO	4	PA
THERACYS	4	
TICE BCG	3	
TRISENOX	3	
VALSTAR	4	
VELCADE	4	PA
VENCLEXTA STARTING PACK	3	PA
VENCLEXTA TABS 10MG, 50MG	3	PA
VENCLEXTA TABS 100MG	4	PA
<i>vinblastine sulfate inj 1mg/ml</i>	1	B/D
<i>vincasar pfs</i>	1	B/D
<i>vincristine sulfate</i>	1	B/D
<i>vinorelbine tartrate</i>	1	
ZALTRAP	4	PA
ZOLINZA	4	PA
ZYKADIA	4	PA
<b>Aromatase Inhibitors, 3rd Generation</b>		
<i>anastrozole tabs</i>	1	
<i>exemestane</i>	3	
<i>letrozole</i>	1	
<b>Enzyme Inhibitors</b>		
ETOPOPHOS	4	
<i>etoposide inj</i>	1	
<i>toposar</i>	1	
<i>topotecan hcl</i>	4	
ZYDELIG	4	PA
<b>Molecular Target Inhibitors</b>		
AFINITOR	4	QL (30 EA per 30 days) PA
AFINITOR DISPERZ	4	PA
ALECENSA	2	PA
BOSULIF	4	PA
CABOMETYX	4	
CAPRELSA TABS 300MG	4	PA
CAPRELSA TABS 100MG	4	QL (60 EA per 30 days) PA
COMETRIQ	4	PA
ERIVEDGE	4	PA
ICLUSIG TABS 45MG	4	PA
ICLUSIG TABS 15MG	4	QL (60 EA per 30 days) PA
<i>imatinib mesylate</i>	4	PA
IMBRUVICA	4	PA
INLYTA	4	PA
IRESSA	4	PA
JAKAFI	4	QL (60 EA per 30 days) PA
LENVIMA 10 MG DAILY DOSE	4	PA
LENVIMA 14 MG DAILY DOSE	4	PA
LENVIMA 18 MG DAILY DOSE	4	PA
LENVIMA 20 MG DAILY DOSE	4	PA
LENVIMA 24 MG DAILY DOSE	4	PA



Drug Name	Drug Tier	Requirements/Limits
LENVIMA 8 MG DAILY DOSE	4	PA
MEKINIST	4	PA
NEXAVAR	4	PA
SPRYCEL	4	PA
STIVARGA	4	PA
SUTENT	4	PA
TAFINLAR	4	PA
TARCEVA TABS 100MG, 150MG	4	QL (30 EA per 30 days) PA
TARCEVA TABS 25MG	4	QL (90 EA per 30 days) PA
TASIGNA	4	PA
TYKERB	4	PA
VOTRIENT	4	PA
XALKORI	4	PA
ZELBORAF	4	PA
<b>Monoclonal Antibodies</b>		
ARZERRA	4	PA
AVASTIN	4	B/D
BLINCYTO	4	PA
CYRAMZA	4	
DARZALEX	4	PA
EMPLICITI	4	PA
ERBITUX	4	PA
GAZYVA	4	PA
HERCEPTIN	4	PA
KADCYLA	4	PA
KEYTRUDA	4	PA
OPDIVO	4	PA
PERJETA	4	PA
RITUXAN	4	PA
SYLVANT	4	PA
TECENTRIQ	3	B/D
UNITUXIN	4	
VECTIBIX	4	B/D
YERVOY	4	PA
ZEVALIN Y-90	4	
<b>Retinoids</b>		
<i>bexarotene</i>	4	PA
PANRETIN	4	
TARGRETIN GEL	4	PA
<i>tretinoin caps 10mg</i>	4	
<b>Antiparasitics</b>		
<b>Anthelmintics</b>		
ALBENZA	4	
BILTRICIDE	2	
EMVERM	3	
<i>ivermectin tabs</i>	1	
<b>Antiprotozoals</b>		
ALINIA	3	
<i>atovaquone</i>	4	
<i>atovaquone/proguanil hcl</i>	1	
<i>chloroquine phosphate tabs</i>	1	

Drug Name	Drug Tier	Requirements/Limits
COARTEM	3	
DARAPRIM	4	
<i>hydroxychloroquine sulfate tabs</i>	1	
<i>mefloquine hcl</i>	1	
NEBUPENT	3	B/D
PENTAM 300	3	
<i>primaquine phosphate tabs</i>	1	
<i>quinine sulfate</i>	1	PA
<i>tinidazole tabs</i>	1	
<b><i>Pediculicides/Scabicides</i></b>		
ELIMITE CRE 5%	3	
EURAX	3	
<i>lindane lotn, sham</i>	3	
<i>Malathion</i>	1	
<i>permethrin crea</i>	1	
SKLICE	3	
ULESFIA	3	
<b>Antiparkinson Agents</b>		
<b><i>Anticholinergics</i></b>		
<i>benztropine mesylate inj</i>	1	
<i>benztropine mesylate tabs</i>	1	PA
<i>trihexyphenidyl hcl tab 2mg</i>	1	PA
<i>trihexyphenidyl hcl tab 5mg</i>	1	PA
<b><i>Antiparkinson Agents, Other</i></b>		
<i>entacapone</i>	1	
<i>tolcapone</i>	4	
<b><i>Dopamine Agonists</i></b>		
APOKYN	4	QL (60 ML per 28 days) PA
<i>bromocriptine mesylate caps, tabs</i>	3	
NEUPRO	3	
<i>pramipexole dihydrochloride</i>	1	
<i>pramipexole dihydrochloride er tb24 0.375mg, 0.75mg, 1.5mg, 2.25mg, 3mg, 4.5mg</i>	3	
<i>ropinirole er</i>	1	
<i>ropinirole hcl</i>	1	
<b><i>Dopamine Precursors/L- Amino Acid Decarboxylase Inhibitors</i></b>		
<i>carbidopa/levodopa</i>	1	
<i>carbidopa/levodopa er</i>	1	
<i>carbidopa/levodopa odt</i>	1	
<i>carbidopa/levodopa/entacapone</i>	3	
<i>carbidopa tabs</i>	4	
STALEVO 100	3	
STALEVO 125	3	
STALEVO 150	3	
STALEVO 200	3	
STALEVO 50	3	
STALEVO 75	3	
<b><i>Monoamine Oxidase B (MAO-B) Inhibitors</i></b>		
AZILECT	2	
<i>selegiline hcl caps, tabs</i>	1	
ZELAPAR	4	

Drug Name	Drug Tier	Requirements/Limits
<b>Antipsychotics</b>		
<b>1st Generation/Typical</b>		
<i>chlorpromazine hcl inj</i>	1	
<i>chlorpromazine hcl tabs</i>	3	
<i>compro</i>	1	
<i>fluphenazine decanoate inj</i>	1	
<i>fluphenazine hcl tabs</i>	1	
<i>fluphenazine hcl conc, elix, inj</i>	1	
<i>haloperidol decanoate</i>	1	
<i>haloperidol lactate</i>	1	
<i>haloperidol conc</i>	1	
<i>haloperidol tabs</i>	1	
<i>loxapine succinate</i>	1	
<i>molindone hydrochloride</i>	3	
<i>perphenazine tabs</i>	1	
<i>pimozide</i>	3	
<i>prochlorperazine</i>	1	
<i>prochlorperazine edisylate inj</i>	3	
<i>prochlorperazine maleate tabs</i>	1	
<i>thioridazine hcl tabs</i>	3	PA
<i>thiothixene</i>	1	
<i>trifluoperazine hcl tabs</i>	1	
<b>2nd Generation/Atypical</b>		
ABILIFY MAINTENA	3	
ABILIFY INJ	3	
<i>aripiprazole odt 10mg</i>	3	QL (90 EA per 30 days)
<i>aripiprazole odt 15mg</i>	3	QL (60 EA per 30 days)
<i>aripiprazole soln</i>	3	QL (750 ML per 30 days)
<i>aripiprazole tabs 10mg, 15mg, 20mg, 30mg</i>	3	QL (30 EA per 30 days)
<i>aripiprazole tabs 2mg, 5mg</i>	3	QL (60 EA per 30 days)
ARISTADA	4	
FANAPT TITRATION PACK	3	QL (60 EA per 30 days) ST
FANAPT TABS 1MG, 2MG, 4MG	3	QL (60 EA per 30 days) ST
FANAPT TABS 10MG, 12MG, 6MG, 8MG	4	QL (60 EA per 30 days) ST
GEODON INJ	3	QL (60 EA per 30 days)
INVEGA SUSTENNA INJ 39MG/0.25ML, 78MG/0.5ML	3	
INVEGA SUSTENNA INJ 117MG/0.75ML, 156MG/ML, 234MG/1.5ML	4	
INVEGA TRINZA	4	
LATUDA TABS 120MG	3	QL (30 EA per 30 days)
LATUDA TABS 20MG, 40MG, 60MG, 80MG	3	QL (60 EA per 30 days)
NUPLAZID	4	PA
<i>olanzapine odt 15mg, 20mg</i>	1	QL (30 EA per 30 days)
<i>olanzapine odt 5mg, 10mg</i>	1	QL (60 EA per 30 days)
<i>olanzapine tabs 10mg, 15mg, 2.5mg, 5mg and 7.5mg</i>	1	QL (30 EA per 30 days)
<i>olanzapine tabs 20mg</i>	1	QL (60 EA per 30 days)
<i>olanzapine inj</i>	1	
<i>paliperidone er tb24 1.5mg, 3mg</i>	1	QL (30 EA per 30 days)
<i>paliperidone er tb24 9mg</i>	2	QL (30 EA per 30 days)
<i>paliperidone er tb24 6mg</i>	2	QL (60 EA per 30 days)
<i>quetiapine fumarate tabs 300mg, 400mg</i>	1	QL (60 EA per 30 days)

Drug Name	Drug Tier	Requirements/Limits
<i>quetiapine fumarate tabs 100mg, 200mg, 25mg, 50mg</i>	1	QL (90 EA per 30 days)
REXULTI	4	
RISPERDAL CONSTA INJ 12.5MG, 25MG	3	
RISPERDAL CONSTA INJ 37.5MG, 50MG	4	
<i>risperidone odt 0.5mg</i>	1	QL (120 EA per 30 days)
<i>risperidone odt 0.25mg, 1mg, 2mg, 3mg, 4mg</i>	1	QL (60 EA per 30 days)
<i>risperidone tabs 0.5mg</i>	1	QL (120 EA per 30 days)
<i>risperidone tabs 0.25mg, 1mg, 2mg, 3mg, 4mg</i>	1	QL (60 EA per 30 days)
<i>risperidone soln</i>	1	QL (248 ML per 30 days)
SAPHRIS	3	QL (60 EA per 30 days) ST
VRAYLAR CPPK	3	ST
VRAYLAR CAPS 1.5-3MG	4	ST
VRAYLAR CAPS 1.5MG	4	QL (60 EA per 30 days) ST
VRAYLAR CAPS 3MG, 4.5MG 6MG	4	QL (30 EA per 30 days) ST
<i>ziprasidone hcl</i>	1	QL (60 EA per 30 days)
ZYPREXA RELPREVV INJ 210MG	3	
ZYPREXA RELPREVV INJ 300MG, 405MG	4	
<b>Treatment-Resistant</b>		
<i>clozapine odt tbdp 150mg</i>	3	QL (180 EA per 30 days)
<i>clozapine odt tbdp 100mg, 25mg</i>	3	QL (270 EA per 30 days)
<i>clozapine odt tbdp 12.5mg</i>	3	QL (120 EA per 30 days)
<i>clozapine odt tbdp 200mg</i>	4	QL (120 EA per 30 days)
<i>clozapine tabs 200mg</i>	1	QL (120 EA per 30 days)
<i>clozapine tabs 50mg</i>	1	
<i>clozapine tabs 100mg</i>	1	QL (270 EA per 30 days)
<i>clozapine tabs 25mg</i>	1	
FAZACLO TAB 100MG, 200MG ODT	4	
FAZACLO TAB 12.5MG, 150MG, 25MG ODT	3	
VERSACLOZ	4	QL (540 ML per 30 days)
<b>Antispasticity Agents</b>		
<b>Antispasticity Agents</b>		
<i>baclofen tabs</i>	1	
<i>dantrolene sodium caps</i>	1	
GABLOFEN INJ 10000MCG/20ML, 20000MCG/20ML, 50MCG/ML	3	B/D
GABLOFEN INJ 40000MCG/20ML	4	B/D
LIORESAL INTRATHECAL INJ 0.05MG/ML, 10MG/20ML	3	B/D
LIORESAL INTRATHECAL INJ 10MG/5ML, 40MG/20ML	4	B/D
<i>tizanidine hcl caps, tabs</i>	1	
<b>Antivirals</b>		
<b>Anti-cytomegalovirus (CMV) Agents</b>		
<i>cidofovir</i>	4	
<i>ganciclovir inj</i>	1	B/D
VALCYTE SOLR	4	
<i>valganciclovir</i>	4	
ZIRGAN	3	
<b>Anti-hepatitis B (HBV) Agents</b>		
<i>adefovir dipivoxil</i>	4	
BARACLUDGE SOLN	3	QL (600 ML per 30 days)
<i>entecavir</i>	4	QL (30 EA per 30 days)
EPIVIR HBV SOLN	3	

Drug Name	Drug Tier	Requirements/Limits
INTRON A W/DILUENT INJ 10MU	4	PA
INTRON A INJ 10MU/ML, 18MU, 50MU, 6000000UNIT/ML	4	PA
<i>lamivudine tabs 100mg</i>	1	
TYZEKA	2	
<b>Anti-hepatitis C (HCV) Agents</b>		
DAKLINZA TABS 60MG, 90MG	4	QL (168 EA per 365 days) PA
DAKLINZA TABS 30MG	4	QL (504 EA per 365 days) PA
HARVONI	4	PA
MODERIBA 1200 DOSE PACK	3	
MODERIBA 800 DOSE PACK	3	
<i>moderiba tabs</i>	3	
MODERIBA MISC 0	3	
MODERIBA MISC 0	4	
OLYSIO	4	QL (168 EA per 365 days) PA
PEG-INTRON REDIPEN	4	PA
PEG-INTRON INJ 120MCG/0.5ML, 150MCG/0.5ML, 80MCG/0.5ML	4	PA
PEGASYS	4	PA
PEGASYS PROCLICK	4	PA
PEGINTRON	4	PA
REBETOL SOLN	3	
RIBASPHERE RIBAPAK TABS 0, 400MG	3	
<i>ribasphere ribapak tabs 600mg</i>	3	
<i>ribasphere ribapak tabs 0</i>	4	
<i>ribasphere caps</i>	1	
RIBASPHERE TABS 400MG	3	
<i>ribasphere tabs 200mg, 600mg</i>	3	
RIBATAB MISC	3	
<i>ribatab tabs 400mg</i>	3	
<i>ribavirin caps</i>	1	
<i>ribavirin tabs</i>	3	
SOVALDI	4	PA
TECHNIVIE	4	QL (168 EA per 365 days) PA
VIEKIRA PAK	4	QL (672 EA per 365 days) PA
ZEPATIER	4	QL (112 EA per 365 days) PA
<b>Anti-HIV Agents, Integrase Inhibitors (INSTI)</b>		
ATRIPLA	4	QL (30 EA per 30 days)
GENVOYA	4	QL (30 EA per 30 days)
ISENTRESS PACK	2	
ISENTRESS TABS	4	
ISENTRESS CHEW 25MG	2	
ISENTRESS CHEW 100MG	4	
TIVICAY TABS 10MG, 25MG	3	
TIVICAY TABS 50MG	4	
VITEKTA	4	
<b>Anti-HIV Agents, Non-nucleoside Reverse Transcriptase Inhibitors (NNRTI)</b>		
COMPLERA	4	QL (30 EA per 30 days)
EDURANT	4	
INTELENCE TABS 25MG	3	

Drug Name	Drug Tier	Requirements/Limits
INTELENCE TABS 100MG, 200MG	4	
<i>nevirapine er</i>	1	
<i>nevirapine tabs</i>	1	
<i>nevirapine susp</i>	3	
ODEFSEY	4	
RESCRIPTOR	3	
STRIBILD	4	QL (30 EA per 30 days)
SUSTIVA TABS	4	
SUSTIVA CAPS 50MG	2	
SUSTIVA CAPS 200MG	2	
<b>Anti-HIV Agents, Nucleoside and Nucleotide Reverse Transcriptase Inhibitors (NRTI)</b>		
<i>abacavir</i>	3	
<i>abacavir sulfate/lamivudine/zidovudine</i>	4	QL (60 EA per 30 days)
DESCOVY	4	
<i>didanosine</i>	1	
EMTRIVA	3	
EPZICOM	4	QL (30 EA per 30 days)
<i>lamivudine/zidovudine</i>	3	QL (60 EA per 30 days)
<i>lamivudine soln 10mg/ml</i>	1	
<i>lamivudine tabs 150mg, 300mg</i>	3	
RETROVIR IV INFUSION	3	
<i>stavudine</i>	1	
TRIUMEQ	4	QL (30 EA per 30 days)
TRUVADA	4	QL (30 EA per 30 days)
VIDEX PEDIATRIC	3	
VIREAD POWD	4	
VIREAD TABS 150MG	3	
VIREAD TABS 200MG, 250MG, 300MG	4	
ZIAGEN SOLN	3	
<i>zidovudine</i>	1	
<b>Anti-HIV Agents, Other</b>		
FUZEON	4	QL (60 EA per 30 days)
SELZENTRY	4	
TYBOST	2	
<b>Anti-HIV Agents, Protease Inhibitors</b>		
APTIVUS	4	
CRIXIVAN	2	
EVOTAZ	4	QL (30 EA per 30 days)
INVIRASE	4	
KALETRA SOLN	3	
KALETRA TABS 100MG; 25MG	3	
KALETRA TABS 200MG; 50MG	4	
LEXIVA SUSP	3	
LEXIVA TABS	4	
NORVIR	3	
PREZCOBIX	4	QL (30 EA per 30 days)
PREZISTA SUSP	4	
PREZISTA TABS 150MG, 75MG	2	
PREZISTA TABS 600MG, 800MG	4	
REYATAZ PACK	3	

Drug Name	Drug Tier	Requirements/Limits
REYATAZ CAPS	4	
VIRACEPT	4	
<b>Anti-influenza Agents</b>		
<i>amantadine hcl syrp</i>	1	
<i>amantadine hcl caps, tabs</i>	1	
RELENZA DISKHALER	2	QL (240 EA per 365 days)
<i>rimantadine hcl</i>	1	
TAMIFLU SUSR	3	QL (540 ML per 30 days)
TAMIFLU CAPS 75MG	3	QL (110 EA per 365 days)
TAMIFLU CAPS 30MG, 45MG	3	
<b>Antiherpetic Agents</b>		
<i>acyclovir sodium</i>	3	B/D
<i>acyclovir caps, tabs</i>	1	
<i>acyclovir oint, susp</i>	3	
DENAVIR	4	
<i>famciclovir tabs</i>	1	
<i>trifluridine soln</i>	1	
<i>valacyclovir hcl</i>	1	QL (120 EA per 30 days)
ZOVIRAX CREA	3	
<b>Anxiolytics</b>		
<b>Anxiolytics, Other</b>		
<i>bupirone hcl tabs</i>	1	
<b>Benzodiazepines</b>		
<i>alprazolam er tb24 2mg</i>	1	QL (150 EA per 30 days)
<i>alprazolam er tb24 1mg</i>	1	QL (30 EA per 30 days)
<i>alprazolam er tb24 3mg</i>	1	QL (90 EA per 30 days)
<i>alprazolam intensol</i>	1	
<i>alprazolam odt tbdp 0.25mg, 0.5mg, 1mg</i>	1	QL (120 EA per 30 days)
<i>alprazolam odt tbdp 2mg</i>	1	QL (150 EA per 30 days)
<i>alprazolam xr tb24 2mg</i>	1	QL (150 EA per 30 days)
<i>alprazolam xr tb24 0.5mg, 1mg</i>	1	QL (30 EA per 30 days)
<i>alprazolam xr tb24 3mg</i>	1	QL (90 EA per 30 days)
<i>alprazolam tabs 0.25mg, 0.5mg</i>	1	QL (120 EA per 30 days)
<i>alprazolam tabs 1mg</i>	1	QL (240 EA per 30 days)
<i>alprazolam tabs 2mg</i>	1	QL (150 EA per 30 days)
<i>chlordiazepoxide hcl caps 5mg</i>	1	QL (120 EA per 30 days)
<i>chlordiazepoxide hcl caps 25mg</i>	1	QL (360 EA per 30 days)
<i>chlordiazepoxide hcl caps 10mg</i>	1	QL (900 EA per 30 days)
<i>clorazepate dipotassium tabs 15mg</i>	1	
<i>clorazepate dipotassium tabs 7.5mg</i>	1	
<i>clorazepate dipotassium tabs 3.75mg</i>	1	
<i>diazepam intensol</i>	1	
<i>diazepam inj 5mg/ml</i>	1	
<i>diazepam oral soln 1mg/ml</i>	1	
<i>diazepam tabs 10mg, 2mg, 5mg</i>	1	
<i>estazolam</i>	1	QL (30 EA per 30 days)
<i>lorazepam intensol</i>	1	
<i>lorazepam inj 2mg/ml, 4mg/ml</i>	1	
<i>lorazepam tabs 2mg</i>	1	QL (150 EA per 30 days)
<i>lorazepam tabs 0.5mg</i>	1	QL (600 EA per 30 days)
<i>lorazepam tabs 1mg</i>	1	QL (300 EA per 30 days)

Drug Name	Drug Tier	Requirements/Limits
<i>midazolam hcl syrp</i>	1	
<i>midazolam hcl inj 10mg/10ml, 10mg/2ml, 25mg/5ml, 2mg/2ml, 1</i>		
<i>50mg/10ml, 5mg/5ml, 5mg/ml</i>		
<i>oxazepam</i>	1	QL (120 EA per 30 days)
<b>Bipolar Agents</b>		
<i>Mood Stabilizers</i>		
EQUETRO	3	
<i>lithium</i>	1	
<i>lithium carbonate er</i>	1	
<i>lithium carbonate caps, tabs</i>	1	
<b>Blood Glucose Regulators</b>		
<i>Antidiabetic Agents</i>		
<i>acarbose</i>	1	
BYDUREON	2	QL (4 EA per 28 days)
BYETTA INJ 10MCG/0.04ML	2	QL (2.4 ML per 30 days)
BYETTA INJ 5MCG/0.02ML	2	QL (4.8 ML per 28 days)
CYCLOSET	3	
<i>glimepiride tabs 2mg</i>	1	QL (120 EA per 30 days)
<i>glimepiride tabs 1mg</i>	1	QL (240 EA per 30 days)
<i>glimepiride tabs 4mg</i>	1	QL (60 EA per 30 days)
<i>glipizide er tb24 5mg</i>	1	QL (120 EA per 30 days)
<i>glipizide er tb24 2.5mg</i>	1	QL (240 EA per 30 days)
<i>glipizide er tb24 10mg</i>	1	QL (60 EA per 30 days)
<i>glipizide xl tb24 5mg</i>	1	QL (120 EA per 30 days)
<i>glipizide xl tb24 2.5mg</i>	1	QL (240 EA per 30 days)
<i>glipizide xl tb24 10mg</i>	1	QL (60 EA per 30 days)
<i>glipizide/metformin hcl tabs 2.5mg; 500mg, 5mg; 500mg</i>	1	QL (120 EA per 30 days)
<i>glipizide/metformin hcl tabs 2.5mg; 250mg</i>	1	QL (240 EA per 30 days)
<i>glipizide tabs 10mg</i>	1	
<i>glipizide tabs 5mg</i>	1	
<i>glyburide micronized tabs 3mg</i>	1	QL (120 EA per 30 days) PA
<i>glyburide micronized tabs 1.5mg</i>	1	QL (240 EA per 30 days) PA
<i>glyburide micronized tabs 6mg</i>	1	QL (60 EA per 30 days) PA
<i>glyburide/metformin hcl tabs 2.5mg; 500mg, 5mg; 500mg</i>	1	QL (120 EA per 30 days) PA
<i>glyburide/metformin hcl tabs 1.25mg; 250mg</i>	1	QL (240 EA per 30 days) PA
<i>glyburide tabs 5mg</i>	1	QL (120 EA per 30 days) PA
<i>glyburide tabs 2.5mg</i>	1	QL (240 EA per 30 days) PA
<i>glyburide tabs 1.25mg</i>	1	QL (480 EA per 30 days) PA
GLYSET	3	
INVOKAMET TABS 50MG; 500MG	2	QL (120 EA per 30 days)
INVOKAMET TABS 150MG; 1000MG, 150MG; 500MG, 50MG; 1000MG	2	QL (60 EA per 30 days)
INVOKANA TABS 300MG	2	QL (30 EA per 30 days)
INVOKANA TABS 100MG	2	QL (90 EA per 30 days)
JANUMET	2	
JANUMET XR TB24 1000MG; 100MG	2	
JANUMET XR TB24 1000MG; 50MG, 500MG; 50MG	2	
JANUVIA	2	
JARDIANCE TABS 25MG	2	QL (30 EA per 30 days)
JARDIANCE TABS 10MG	2	QL (60 EA per 30 days)
JENTADUETO	2	QL (60 EA per 30 days)



Drug Name	Drug Tier	Requirements/Limits
JENTADUETO XR TB24 5MG; 1000MG	3	QL (30 EA per 30 days)
JENTADUETO XR TB24 2.5MG; 1000MG	3	QL (60 EA per 30 days)
KOMBIGLYZE XR TB24 1000MG; 5MG, 500MG; 5MG	2	QL (30 EA per 30 days)
KOMBIGLYZE XR TB24 1000MG; 2.5MG	2	QL (60 EA per 30 days)
<i>metformin hcl er tb24 500mg</i>	1	QL (120 EA per 30 days)
<i>metformin hcl er tb24 750mg</i>	1	QL (60 EA per 30 days)
<i>metformin hcl tabs 500mg</i>	1	
<i>metformin hcl tabs 1000mg</i>	1	
<i>metformin hcl tabs 850mg</i>	1	
<i>miglitol</i>	3	
<i>nateglinide</i>	1	
ONGLYZA	2	
<i>pioglitazone hcl-glimepiride</i>	1	QL (45 EA per 30 days)
<i>pioglitazone hcl/metformin hcl</i>	1	QL (90 EA per 30 days)
<i>pioglitazone hcl tabs 45mg</i>	1	QL (30 EA per 30 days)
<i>pioglitazone hcl tabs 30mg</i>	1	QL (45 EA per 30 days)
<i>pioglitazone hcl tabs 15mg</i>	1	QL (60 EA per 30 days)
<i>repaglinide</i>	1	
<i>repaglinide/metformin hydrochloride</i>	1	QL (150 EA per 30 days)
RIOMET	3	QL (765 ML per 30 days)
SYMLINPEN 120	4	PA
SYMLINPEN 60	4	PA
SYNJARDY TABS 12.5MG; 500MG, 5MG; 500MG	2	QL (120 EA per 30 days)
SYNJARDY TABS 12.5MG; 1000MG, 5MG; 1000MG	2	QL (60 EA per 30 days)
<i>tolazamide tabs 500mg</i>	1	QL (120 EA per 30 days)
<i>tolazamide tabs 250mg</i>	1	QL (240 EA per 30 days)
<i>tolbutamide</i>	1	QL (180 EA per 30 days)
TRADJENTA	2	
TRULICITY	2	QL (2 ML per 28 days)
VICTOZA	2	QL (9 ML per 30 days)
<b>Glycemic Agents</b>		
GLUCAGEN HYPOKIT	2	
GLUCAGON EMERGENCY KIT	2	
PROGLYCEM	4	
<b>Insulins</b>		
HUMALOG	2	
HUMALOG KWIKPEN	2	
HUMALOG MIX 50/50	2	
HUMALOG MIX 50/50 KWIKPEN	2	
HUMALOG MIX 75/25	2	
HUMALOG MIX 75/25 KWIKPEN	2	
HUMULIN 70/30	2	
HUMULIN 70/30 KWIKPEN	2	
HUMULIN N	2	
HUMULIN N KWIKPEN	2	
HUMULIN R	2	
HUMULIN R U-500 (CONCENTRATED)	2	
HUMULIN R U-500 KWIKPEN	2	
LANTUS	2	
LANTUS SOLOSTAR	2	
LEVEMIR	2	

Drug Name	Drug Tier	Requirements/Limits
LEVEMIR FLEXTOUCH	2	
NOVOLIN 70/30	2	
NOVOLIN 70/30 RELION	2	
NOVOLIN N	2	
NOVOLIN N RELION	2	
NOVOLIN R	2	
NOVOLIN R RELION	2	
NOVOLOG	2	
NOVOLOG FLEXPEN	2	
NOVOLOG MIX 70/30	2	
NOVOLOG MIX 70/30 PREFILLED FLEXPEN	2	
NOVOLOG PENFILL	2	
TOUJEO SOLOSTAR	2	
TRESIBA FLEX INJ	2	
<b>Blood Products/Modifiers/Volume Expanders</b>		
<i>Anticoagulants</i>		
ARGATROBAN INJ 250MG/2.5ML	3	
<i>argatroban inj 125mg/125ml; 0.9%, 250mg/250ml; 0.9%, 50mg/50ml</i>	3	
COUMADIN	3	
ELIQUIS TABS 2.5MG	2	QL (60 EA per 30 days)
ELIQUIS TABS 5MG	2	QL (90 EA per 30 days)
<i>enoxaparin sodium inj 30mg/0.3ml</i>	3	QL (9 ML per 30 days)
<i>enoxaparin sodium inj 300mg/3ml</i>	3	QL (180 ML per 30 days)
<i>enoxaparin sodium inj 40mg/0.4ml</i>	3	QL (12 ML per 30 days)
<i>enoxaparin sodium inj 60mg/0.6ml</i>	3	QL (18 ML per 30 days)
<i>enoxaparin sodium inj 120mg/0.8ml, 80mg/0.8ml</i>	3	QL (24 ML per 30 days)
<i>enoxaparin sodium inj 100mg/ml</i>	3	QL (30 ML per 30 days)
<i>enoxaparin sodium inj 150mg/ml</i>	4	QL (30 ML per 30 days)
<i>fondaparinux sodium inj 2.5mg/0.5ml</i>	3	QL (7 ML per 30 days)
<i>fondaparinux sodium inj 5mg/0.4ml</i>	4	QL (14 ML per 90 days)
<i>fondaparinux sodium inj 7.5mg/0.6ml</i>	4	QL (8.4 ML per 30 days)
<i>fondaparinux sodium inj 10mg/0.8ml</i>	4	QL (11.2 ML per 30 days)
FRAGMIN INJ 2500UNIT/0.2ML, 5000UNIT/0.2ML	3	QL (7 ML per 90 days)
FRAGMIN INJ 7500UNIT/0.3ML	4	QL (10.5 ML per 90 days)
FRAGMIN INJ 12500UNIT/0.5ML	4	QL (7 ML per 30 days)
FRAGMIN INJ 15000UNIT/0.6ML	4	QL (21 ML per 90 days)
FRAGMIN INJ 95000UNIT/3.8ML	4	QL (22.8 ML per 90 days)
FRAGMIN INJ 18000UNT/0.72ML	4	QL (25.3 ML per 90 days)
FRAGMIN INJ 10000UNIT/ML	4	QL (35 ML per 90 days)
<i>heparin sodium</i>	1	
<i>heparin sodium/d5w</i>	1	
<i>heparin sodium/nacl 0.45%</i>	1	
<i>heparin sodium/nacl 0.9%</i>	1	
<i>heparin sodium/sodium chloride 0.9%</i>	1	
<i>heparin sodium/sodium chloride 0.9% premix</i>	1	
<i>jantoven</i>	1	
PRADAXA	3	QL (60 EA per 30 days)
SAVAYSA	3	QL (30 EA per 30 days)
<i>warfarin sodium tabs</i>	1	
XARELTO STARTER PACK	2	

Drug Name	Drug Tier	Requirements/Limits
XARELTO TABS	2	
<b>Blood Formation Modifiers</b>		
<i>anagrelide hydrochloride</i>	1	
ARANESP ALBUMIN FREE INJ 10MCG/0.4ML, 25MCG/0.42ML, 25MCG/ML, 40MCG/0.4ML, 40MCG/ML, 60MCG/0.3ML	3	PA
ARANESP ALBUMIN FREE INJ 100MCG/0.5ML, 100MCG/ML, 150MCG/0.3ML, 200MCG/0.4ML, 200MCG/ML, 300MCG/0.6ML, 300MCG/ML, 500MCG/ML, 60MCG/ML	4	PA
GRANIX	4	PA
LEUKINE INJ 250MCG	4	PA
MOZOBIL	4	QL (8 ML per 30 days) PA
NEULASTA	4	PA
NEULASTA ONPRO KIT	4	PA
NEUPOGEN	4	PA
NPLATE	4	PA
PROCRIT INJ 10000UNIT/ML, 2000UNIT/ML, 3000UNIT/ML, 4000UNIT/ML	3	PA
PROCRIT INJ 20000UNIT/ML, 40000UNIT/ML	4	PA
PROMACTA	4	PA
ZARXIO	4	PA
<b>Coagulants</b>		
<i>aminocaproic acid</i>	3	
<i>tranexamic acid inj</i>	1	
<i>tranexamic acid tabs</i>	1	
<b>Platelet Modifying Agents</b>		
AGGRENOX	3	
<i>aspirin/dipyridamole</i>	1	
BRILINTA	2	
<i>cilostazol</i>	1	
<i>clopidogrel</i>	1	
<i>dipyridamole tabs</i>	3	PA
EFFIENT	2	
<i>ticlopidine hcl</i>	3	PA
<b>Cardiovascular Agents</b>		
<b>Alpha-adrenergic Agonists</b>		
<i>clonidine hcl tabs</i>	1	
<i>clonidine hcl ptwk</i>	1	
<i>clonidine hcl inj</i>	3	
CLORPRES	3	
<i>guanfacine hcl</i>	1	
<i>methyldopa</i>	1	PA
<i>methyldopa/hydrochlorothiazide</i>	3	PA
<i>methyldopate hcl</i>	3	PA
<i>midodrine hcl</i>	1	
<i>phenylephrine hcl inj 10mg/ml</i>	1	
<b>Alpha-adrenergic Blocking Agents</b>		
<i>phenoxybenzamine hydrochloride</i>	4	
<i>prazosin hcl</i>	1	
<b>Angiotensin II Receptor Antagonists</b>		

Drug Name	Drug Tier	Requirements/Limits
BENICAR	2	
BENICAR HCT	2	
<i>candesartan cilexetil</i>	1	
<i>candesartan cilexetil/hydrochlorothiazide</i>	1	
EDARBI	3	
EDARBYCLOR	3	
ENTRESTO	2	QL (60 EA per 30 days) PA
<i>eprosartan mesylate</i>	1	
<i>irbesartan</i>	1	
<i>irbesartan/hydrochlorothiazide</i>	1	
<i>losartan potassium</i>	1	
<i>losartan potassium/hydrochlorothiazide</i>	1	
<i>telmisartan</i>	1	
<i>telmisartan/amlodipine</i>	1	
<i>telmisartan/hydrochlorothiazide</i>	1	
<i>valsartan</i>	1	
<i>valsartan/hydrochlorothiazide</i>	1	
<b>Angiotensin-converting Enzyme (ACE) Inhibitors</b>		
<i>benazepril hcl/hydrochlorothiazide</i>	1	
<i>benazepril hcl tabs</i>	1	
<i>captopril/hydrochlorothiazide</i>	1	
<i>captopril tabs</i>	1	
<i>enalapril maleate/hydrochlorothiazide</i>	1	
<i>enalapril maleate tabs</i>	1	
<i>enalaprilat</i>	1	
EPANED	3	
<i>fosinopril sodium</i>	1	
<i>fosinopril sodium/hydrochlorothiazide</i>	1	
<i>lisinopril</i>	1	
<i>lisinopril/hydrochlorothiazide</i>	1	
<i>moexipril hcl</i>	1	
<i>moexipril/hydrochlorothiazide</i>	1	
<i>perindopril erbumine</i>	1	
<i>quinapril hcl</i>	1	
<i>quinapril/hydrochlorothiazide</i>	1	
<i>ramipril</i>	1	
<i>trandolapril</i>	1	
<i>trandolapril/verapamil hcl</i>	1	
<i>trandolapril/verapamil hcl er</i>	1	
<b>Antiarrhythmics</b>		
<i>amiodarone hcl tabs</i>	1	
<i>amiodarone hcl inj 50mg/ml, 900mg/18ml</i>	1	
<i>disopyramide phosphate</i>	3	PA
<i>dofetilide</i>	3	
<i>flecainide acetate</i>	1	
<i>ibutilide fumarate</i>	3	
<i>lidocaine hcl in d5w</i>	1	
<i>lidocaine hcl/dextrose inj 5%; 4mg/ml, 5%; 8mg/ml</i>	1	
<i>lidocaine hcl inj 10mg/ml, 20mg/ml</i>	1	
<i>mexiletine hcl</i>	1	
MULTAQ	2	

Drug Name	Drug Tier	Requirements/Limits
NORPACE CR	3	PA
PACERONE TAB 100MG, 400MG	3	
<i>pacerone tabs 200mg</i>	1	
<i>procainamide hcl inj</i>	1	
<i>propafenone hcl</i>	1	
<i>propafenone hcl er</i>	3	
<i>quinidine gluconate cr</i>	3	
<i>quinidine gluconate er</i>	3	
<i>quinidine gluconate inj</i>	1	
<i>quinidine sulfate</i>	1	
<i>quinidine sulfate er</i>	1	
<i>sorine</i>	1	
<i>sotalol hcl</i>	1	
<i>sotalol hcl (af)</i>	1	
<i>sotalol hydrochloride</i>	4	
TIKOSYN	3	
<b>Beta-adrenergic Blocking Agents</b>		
<i>acebutolol hcl caps</i>	1	
<i>atenolol/chlorthalidone</i>	1	
<i>atenolol tabs</i>	1	
<i>betaxolol hcl tabs 10mg, 20mg</i>	1	
<i>bisoprolol fumarate</i>	1	
<i>bisoprolol fumarate/hydrochlorothiazide</i>	1	
BREVIBLOC INJ 10MG/ML; 5.9MG/ML, 20MG/ML; 4.1MG/ML	3	
BYSTOLIC	2	
<i>carvedilol</i>	1	
DUTOPROL	3	
<i>esmolol hcl</i>	3	
INNOPRAN XL	3	
<i>labetalol hcl inj</i>	1	
<i>labetalol hcl tabs</i>	1	
<i>metoprolol succinate er</i>	1	
<i>metoprolol tartrate inj</i>	1	
<i>metoprolol tartrate tabs 100mg, 25mg, 50mg</i>	1	
<i>metoprolol/hydrochlorothiazide</i>	1	
<i>nadolol/bendroflumethiazide</i>	1	
<i>nadolol tabs</i>	1	
<i>pindolol</i>	1	
<i>propranolol hcl er</i>	1	
<i>propranolol hcl inj, oral soln, tabs</i>	1	
<i>propranolol/hydrochlorothiazide</i>	1	
<i>timolol maleate tabs 10mg, 20mg, 5mg</i>	1	
<b>Calcium Channel Blocking Agents</b>		
<i>afeditab cr</i>	1	
<i>amlodipine besylate/atorvastatin calcium</i>	1	
<i>amlodipine besylate/benazepril hydrochloride</i>	1	
<i>amlodipine besylate/valsartan</i>	1	
<i>amlodipine besylate tabs</i>	1	
<i>amlodipine/valsartan/hctz</i>	1	
AZOR TAB	3	

Drug Name	Drug Tier	Requirements/Limits
CARDIZEM LA TB24 120MG	3	
<i>cartia xt</i>	1	
<i>dilt-xr</i>	1	
<i>diltiazem cd</i>	1	
<i>diltiazem hcl cd</i>	1	
<i>diltiazem hcl er</i>	1	
<i>diltiazem hcl tabs</i>	1	
<i>diltiazem hcl inj 100mg, 125mg/25ml, 25mg/5ml, 50mg/10ml</i>	1	
<i>felodipine er</i>	1	
<i>isradipine</i>	3	
<i>matzim la</i>	1	
<i>nicardipine hcl caps, inj</i>	3	
<i>nifedical xl</i>	1	
<i>nifedipine er</i>	1	
<i>nifedipine caps</i>	3	PA
<i>nimodipine caps</i>	4	
<i>nisoldipine</i>	3	
<i>nisoldipine er</i>	3	
NYMALIZE	4	
<i>taztia xt</i>	1	
TRIBENZOR20 TAB	2	
TRIBENZOR40 TAB	2	
<i>verapamil hcl cr</i>	1	
<i>verapamil hcl er tbc</i>	1	
<i>verapamil hcl er cp24</i>	1	
<i>verapamil hcl sr cp24</i>	1	
<i>verapamil hcl sr tbc 240mg</i>	1	
<i>verapamil hcl tabs</i>	1	
<i>verapamil hcl inj</i>	1	
<b>Cardiovascular Agents, Other</b>		
DEMSER	4	
<i>digitek tabs 0.125mg</i>	1	QL (30 EA per 30 days)
<i>digitek tabs 0.25mg</i>	1	PA
<i>digoxin oral soln</i>	1	PA
<i>digoxin inj</i>	3	PA
<i>digoxin tabs 125mcg</i>	1	QL (30 EA per 30 days)
<i>digoxin tabs 250mcg</i>	1	PA
<i>digox tabs 125mcg</i>	1	QL (30 EA per 30 days)
<i>digox tabs 250mcg</i>	3	PA
<i>dobutamine hcl</i>	1	B/D
<i>dobutamine hcl/d5w</i>	1	B/D
<i>dobutamine/dextrose 5%</i>	1	B/D
<i>dopamine hcl</i>	1	B/D
<i>dopamine hcl-dextrose 5% inj 5%; 0.8mg/ml</i>	1	B/D
<i>dopamine hcl/dextrose 5%</i>	1	B/D
<i>dopamine/d5w</i>	1	B/D
LANOXIN TABS 250MCG	3	PA
LANOXIN TABS 125MCG	3	QL (30 EA per 30 days)
LANOXIN TABS 187.5MCG	3	QL (30 EA per 30 days) PA
LANOXIN TABS 62.5MCG	3	QL (60 EA per 30 days)
<i>mannitol</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>milrinone in dextrose</i>	3	B/D
<i>milrinone lactate</i>	3	B/D
<i>norepinephrine bitartrate</i>	1	
NORTHERA	4	PA
<i>osmitrol viaflex</i>	1	
<i>pentoxifylline cr</i>	3	
<i>pentoxifylline er</i>	1	
PRALUENT	4	QL (2 ML per 28 days) PA
RANEXA	2	
REPATHA	4	PA
REPATHA SURECLICK	4	PA
TEKTURNA TAB	2	
TEKTURNA HCT TAB	2	
<b>Diuretics, Carbonic Anhydrase Inhibitors</b>		
<i>acetazolamide sodium</i>	1	
<i>acetazolamide tabs</i>	1	
<b>Diuretics, Loop</b>		
<i>bumetanide tabs</i>	1	
<i>bumetanide inj</i>	1	
EDECRIN	4	
<i>ethacrynic acid tabs</i>	4	
<i>furosemide tabs</i>	1	
<i>furosemide inj, oral soln</i>	1	
<i>toremide tabs</i>	1	
<i>toremide inj</i>	1	
<b>Diuretics, Potassium-sparing</b>		
ALDACTAZIDE TABS 50MG; 50MG	3	
<i>amiloride hcl tabs</i>	1	
<i>amiloride/hydrochlorothiazide</i>	1	
DYRENIUM	3	
<i>eplerenone</i>	1	
<i>spironolactone/hydrochlorothiazide</i>	1	
<i>spironolactone tabs</i>	1	
<i>triamterene/hydrochlorothiazide tabs</i>	1	
<i>triamterene/hydrochlorothiazide caps</i>	1	
<b>Diuretics, Thiazide</b>		
<i>chlorothiazide</i>	1	
<i>chlorothiazide sodium</i>	3	
<i>chlorthalidone tabs 25mg, 50mg</i>	1	
DIURIL	3	
<i>hydrochlorothiazide caps, tabs</i>	1	
<i>indapamide</i>	1	
<i>methyclothiazide tabs</i>	1	
<i>metolazone</i>	1	
<b>Dyslipidemics, Fibric Acid Derivatives</b>		
<i>fenofibrate micronized</i>	1	
<i>fenofibrate caps</i>	1	
<i>fenofibrate tabs 145mg, 160mg, 40mg, 48mg, 54mg</i>	1	
<i>fenofibric acid</i>	1	
<i>fenofibric acid dr</i>	1	
<i>gemfibrozil tabs</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<b>Dyslipidemics, HMG CoA Reductase Inhibitors</b>		
ALTOPREV	3	
atorvastatin calcium	1	
CRESTOR TAB	2	
fluvastatin	1	
fluvastatin sodium er	1	
LIVALO	2	
lovastatin	1	
pravastatin sodium	1	
rosuvastatin calcium	1	
simvastatin tabs 10mg, 20mg, 40mg, 5mg	1	
simvastatin tabs 80mg	1	
<b>Dyslipidemics, Other</b>		
cholestyramine light	1	
cholestyramine pack, powd	1	
colestipol hcl	1	
JUXTAPID	4	PA
KYNAMRO	4	PA
niacin er	1	
niacor	1	
omega-3-acid ethyl esters	3	
prevalite	1	
VASCEPA	3	
WELCHOL	2	
ZETIA	2	
<b>Vasodilators, Direct-acting Arterial/Venous</b>		
BIDIL	2	
DILATRATE SR	3	
ISORDIL TITRADOSE TABS 40MG	4	
isosorbide dinitrate er	1	
isosorbide dinitrate tabs	1	
isosorbide mononitrate	1	
isosorbide mononitrate er	1	
minitran	1	
NITRO-BID	3	
NITRO-DUR PT24 0.3MG/HR, 0.8MG/HR	3	
nitroglycerin in 5% dextrose	1	
nitroglycerin in dextrose 5%	1	
nitroglycerin lingual	3	
nitroglycerin transdermal	1	
nitroglycerin inj	1	
NITROMIST	3	
NITROSTAT	2	
RECTIV	3	
<b>Vasodilators, Direct-acting Arterial</b>		
hydralazine hcl tabs	1	
hydralazine hcl inj	3	
minoxidil tabs	1	
<b>Central Nervous System Agents</b>		
<b>Attention Deficit Hyperactivity Disorder Agents, Amphetamines</b>		
amphetamine/dextroamphetamine cp24	1	QL (30 EA per 30 days) PA



Drug Name	Drug Tier	Requirements/Limits
<i>amphetamine/dextroamphetamine tabs</i>	1	QL (90 EA per 30 days)
DEXEDRINE TABS 5MG	3	QL (90 EA per 30 days)
<i>dexedrine tabs 10mg</i>	3	QL (180 EA per 30 days)
<i>dextroamphetamine sulfate er cp24 15mg</i>	1	QL (120 EA per 30 days)
<i>dextroamphetamine sulfate er cp24 10mg</i>	1	QL (180 EA per 30 days)
<i>dextroamphetamine sulfate er cp24 5mg</i>	1	QL (360 EA per 30 days)
<i>dextroamphetamine sulfate soln</i>	3	QL (1800 ML per 30 days) PA
<i>dextroamphetamine sulfate tabs 10mg</i>	1	QL (180 EA per 30 days)
<i>dextroamphetamine sulfate tabs 5mg</i>	1	QL (150 EA per 30 days)
ZENZEDI TABS 10MG	3	QL (180 EA per 30 days)
ZENZEDI TABS 30MG	3	QL (60 EA per 30 days)
ZENZEDI TABS 15MG, 2.5MG, 20MG, 5MG, 7.5MG	3	QL (90 EA per 30 days)
<b>Attention Deficit Hyperactivity Disorder Agents,</b>		
<b>Non-amphetamines</b>		
<i>clonidine hcl er</i>	3	
<i>dexmethylphenidate hcl</i>	1	
<i>dexmethylphenidate hcl er cp24 10mg, 15mg, 30mg, 40mg, 5mg</i>	3	QL (30 EA per 30 days)
<i>dexmethylphenidate hcl er cp24 20mg</i>	3	QL (60 EA per 30 days)
FOCALIN XR CP24 25MG, 35MG	3	QL (30 EA per 30 days)
<i>guanfacine er</i>	3	PA
<i>metadate er</i>	3	QL (90 EA per 30 days)
<i>methylphenidate hcl cd</i>	3	QL (30 EA per 30 days)
<i>methylphenidate hcl er cp24</i>	3	QL (30 EA per 30 days)
<i>methylphenidate hcl er tb24 18mg, 27mg, 54mg</i>	3	QL (30 EA per 30 days)
<i>methylphenidate hcl er tb24 36mg</i>	3	QL (60 EA per 30 days)
<i>methylphenidate hcl er tbcr 10mg</i>	3	QL (180 EA per 30 days)
<i>methylphenidate hcl er tbcr 18mg, 27mg, 54mg</i>	3	QL (30 EA per 30 days)
<i>methylphenidate hcl er tbcr 36mg</i>	3	QL (60 EA per 30 days)
<i>methylphenidate hcl er tbcr 20mg</i>	3	QL (90 EA per 30 days)
<i>methylphenidate hcl sr</i>	3	QL (90 EA per 30 days)
<i>methylphenidate hcl chew 10mg</i>	1	QL (180 EA per 30 days)
<i>methylphenidate hcl chew 2.5mg, 5mg</i>	1	QL (90 EA per 30 days)
<i>methylphenidate hcl tabs</i>	1	QL (90 EA per 30 days)
<i>methylphenidate hydrochloride</i>	3	
RITALIN LA CP24 10MG, 60MG	3	QL (30 EA per 30 days) PA
STRATTERA CAPS 100MG, 18MG, 25MG, 40MG, 60MG, 80MG	3	QL (30 EA per 30 days) ST
STRATTERA CAPS 10MG	3	QL (60 EA per 30 days) ST
<b>Central Nervous System, Other</b>		
<i>butalbital/acetaminophen</i>	3	PA
<i>butalbital/acetaminophen/caffeine</i>	3	PA
<i>butalbital/acetaminophen/caffeine/codeine</i>	3	PA
<i>butalbital/aspirin/caffeine</i>	3	PA
<i>caffeine citrate</i>	3	
<i>capacet</i>	3	PA
<i>cephadyn</i>	3	PA
HETLIOZ	4	QL (30 EA per 30 days) PA
<i>margesic</i>	3	PA
<i>marten-tab</i>	3	PA
NUEDEXTA	2	

Drug Name	Drug Tier	Requirements/Limits
<i>riluzole</i>	1	
<i>tencon</i>	3	PA
<i>tetrabenazine</i>	4	PA
<i>vanatol lq</i>	3	PA
<i>zebutal caps 325mg; 50mg; 40mg</i>	3	PA
<b>Fibromyalgia Agents</b>		
SAVELLA	2	QL (60 EA per 30 days)
SAVELLA TITRATION PACK	2	QL (110 EA per 365 days)
<b>Multiple Sclerosis Agents</b>		
AMPYRA	4	QL (60 EA per 30 days) PA
AUBAGIO	4	QL (30 EA per 30 days) PA
AVONEX	4	QL (4 EA per 28 days)
AVONEX PEN	4	QL (4 EA per 28 days)
BETASERON	4	QL (15 EA per 30 days)
COPAXONE INJ 40MG/ML	4	QL (12 ML per 28 days)
COPAXONE INJ 20MG/ML	4	QL (30 ML per 30 days)
EXTAVIA	4	QL (15 EA per 30 days)
GILENYA	4	
<i>glatopa</i>	4	QL (30 ML per 30 days)
PLEGRIDY	4	QL (2 ML per 28 days)
PLEGRIDY STARTER PACK	4	QL (2 ML per 28 days)
REBIF	4	QL (6 ML per 28 days)
REBIF REBIDOSE	4	QL (6 ML per 28 days)
REBIF REBIDOSE TITRATION PACK	4	QL (8.4 ML per 365 days)
REBIF TITRATION PACK	4	QL (8.4 ML per 365 days)
TECFIDERA	4	QL (60 EA per 30 days)
TECFIDERA STARTER PACK	4	QL (60 EA per 30 days)
TYSABRI	4	PA
<b>Dental and Oral Agents</b>		
<b>Dental and Oral Agents</b>		
ARESTIN	4	
<i>cevimeline hcl</i>	3	
<i>chlorhexidine gluconate oral rinse</i>	1	
KEPIVANCE	4	
<i>oralone</i>	1	
<i>paroex</i>	1	
<i>periogard</i>	1	
<i>pilocarpine hcl tabs 7.5mg</i>	1	
<i>pilocarpine hydrochloride</i>	1	
<i>triamcinolone acetonide pste 0.1%</i>	1	
<i>triamcinolone in orabase</i>	1	
<b>Dermatological Agents</b>		
<b>Dermatological Agents</b>		
8-MOP CAP 10MG	4	
<i>acitretin caps 10mg, 25mg</i>	3	
<i>acitretin caps 17.5mg</i>	4	
<i>adapalene</i>	1	PA
<i>adapalene pump</i>	1	PA
<i>ammonium lactate crea, lotn</i>	1	
<i>amnesteem</i>	3	PA
<i>avita</i>	3	PA

Drug Name	Drug Tier	Requirements/Limits
<i>calcipotriene/betamethasone dipropionate</i>	3	QL (400 GM per 28 days)
<i>calcipotriene soln</i>	1	
<i>calcipotriene crea, oint</i>	3	
CALCITRIOL OINT 3MCG/GM	3	
CARAC	3	
Claravis	3	
<i>clindamycin phosphate/tretinoin</i>	3	PA
<i>clindamycin/benzoyl peroxide</i>	3	
CLODAN KIT	3	
<i>clotrimazole/betamethasone dipropionate</i>	1	
CONDYLOX GEL	3	
CORTISPORIN	3	
COSENTYX	4	PA
COSENTYX SENSOREADY PEN	4	PA
CURITY GAUZE PADS 2"X2"	2	
<i>desonate</i>	1	
<i>diclofenac sodium gel 1%</i>	3	
<i>diclofenac sodium transdermal soln 1.5%</i>	3	
<i>doxepin hydrochloride</i>	3	
<i>doxycycline cpdr 40mg</i>	3	
ELIDEL	3	
EPIDUO	3	PA
EPIDUO FORTE	3	PA
<i>erythromycin/benzoyl peroxide</i>	1	
FINACEA	2	
<i>fluocinolone acetonide body</i>	1	
<i>fluocinolone acetonide scalp</i>	1	
<i>fluocinolone acetonide soln 0.01%</i>	1	
<i>fluorouracil crea 5%</i>	1	
<i>fluorouracil crea 0.5%</i>	4	
<i>fluorouracil external soln 2%, 5%</i>	1	
<i>imiquimod crea</i>	1	
<i>methoxsalen caps</i>	4	
Myorisan	3	
<i>neuac</i>	3	
NEUAC KIT	3	
ORACEA	3	
OXSORALEN	4	
PENNSAID SOLN 2%	3	
PICATO	3	
<i>podofilox soln</i>	1	
REGRANEX	4	PA
SANTYL	2	
<i>selenium sulfide lotn</i>	1	
STELARA	4	PA
SYNALAR CREAM KIT	3	
SYNALAR OINTMENT KIT	3	
TACLONEX SUSP	4	QL (400 GM per 30 days)
<i>tacrolimus oint 0.03%, 0.1%</i>	3	
TALTZ	4	PA
TAZORAC	3	PA

Drug Name	Drug Tier	Requirements/Limits
<i>tretinoin microsphere</i>	3	PA
<i>tretinoin microsphere pump</i>	3	PA
<i>tretinoin crea 0.025%, 0.05%, 0.1%</i>	3	PA
<i>tretinoin gel 0.01%, 0.025%, 0.05%</i>	3	PA
UVADEX	3	
VELTIN	3	PA
VEREGEN	4	
VOLTAREN	3	
<i>zenatane</i>	3	
ZYCLARA	4	
ZYCLARA PUMP	4	
<b>Enzyme Replacement/Modifiers</b>		
<i>Enzyme Replacement/Modifiers</i>		
ADAGEN	4	
ALDURAZYME	4	PA
BUPHENYL TABS	4	
CERDELGA	4	PA
CEREZYME	4	PA
CREON	2	
CYSTADANE	4	
CYSTAGON	3	
ELAPRASE	4	PA
FABRAZYME	4	PA
KANUMA	4	PA
KUVAN	4	PA
LUMIZYME	4	PA
MYOZYME	4	PA
NAGLAZYME	4	PA
ORFADIN SUSP 4MG/ML	4	
RAVICTI	4	PA
<i>sodium phenylbutyrate powd</i>	4	
STRENSIQ	4	PA
SUCRAID	4	
VIMIZIM	4	PA
VPRIV	4	PA
XIAFLEX	4	PA
ZAVESCA	4	PA
ZENPEP	2	
<b>Gastrointestinal Agents</b>		
<i>Antispasmodics, Gastrointestinal</i>		
CUVPOSA	3	
<i>dicyclomine hcl caps, tabs</i>	1	
<i>dicyclomine hcl inj, oral soln</i>	1	
ENTYVIO	4	PA
<i>glycopyrrolate tabs</i>	1	
<i>glycopyrrolate inj 0.2mg/ml, 0.4mg/2ml, 1mg/5ml, 4mg/20ml</i>	3	
<i>methscopolamine bromide</i>	3	
<i>propantheline bromide</i>	3	
<i>Gastrointestinal Agents, Other</i>		
CHENODAL	4	
CHOLBAM	4	PA

Drug Name	Drug Tier	Requirements/Limits
<i>cromolyn sodium conc 100mg/5ml</i>	3	
<i>diphenatol</i>	3	
<i>diphenoxylate/atropine</i>	1	
GATTEX	4	PA
<i>gavilyte-h</i>	1	
<i>lansoprazole/amoxicillin/clarithromycin</i>	3	
<i>loperamide hcl caps</i>	1	
<i>metoclopramide hcl oral soln, tabs</i>	1	
<i>metoclopramide hcl inj</i>	1	
<i>metoclopramide odt</i>	3	
MOVANTIK TAB	3	
OICALIVA	4	PA
PYLERA	3	
RELISTOR INJ 8MG/0.4ML, 12MG/0.6ML	4	QL (36 ML per 28 days) PA
<i>ursodiol cap 300mg</i>	3	
<i>ursodiol tabs</i>	3	
<b>Histamine2 (H2) Receptor Antagonists</b>		
<i>cimetidine hcl</i>	1	
<i>cimetidine tabs</i>	1	
<i>famotidine premixed</i>	1	
<i>famotidine inj, susr</i>	1	
<i>famotidine tabs 20mg, 40mg</i>	1	
<i>nizatidine caps</i>	1	
<i>nizatidine soln</i>	3	
<i>ranitidine hcl syrp</i>	1	
<i>ranitidine hcl caps</i>	1	
<i>ranitidine hcl inj 150mg/6ml, 50mg/2ml</i>	1	
<i>ranitidine hcl tabs 150mg, 300mg</i>	1	
<b>Irritable Bowel Syndrome Agents</b>		
<i>alosetron hydrochloride</i>	4	
AMITIZA	2	QL (60 EA per 30 days)
LINZESS	2	QL (30 EA per 30 days)
<b>Laxatives</b>		
<i>constulose</i>	1	
<i>enulose</i>	1	
<i>gavilyte-c</i>	1	
<i>gavilyte-g</i>	1	
<i>gavilyte-n/flavor pack</i>	1	
<i>generlac</i>	1	
GOLYTELY SOLR 227.1GM; 2.82GM; 6.36GM; 5.53GM; 21.5GM	3	
KRISTALOSE	3	
<i>lactulose soln 10gm/15ml</i>	1	
<i>lactulose soln 10gm/15ml</i>	1	
MOVIPREP	2	
<i>peg 3350/electrolytes</i>	1	
<i>peg-3350/electrolytes</i>	1	
<i>peg-3350/nacl/na bicarbonate/kcl</i>	1	
<i>polyethylene glycol 3350 pack, powd</i>	1	
PREPOPIK	3	
SUPREP BOWEL PREP	2	

Drug Name	Drug Tier	Requirements/Limits
<i>trilyte</i>	1	
<b>Protectants</b>		
CARAFATE SUSP	3	
<i>misoprostol</i>	1	
SUCRALFATE SUSP	3	
<i>sucralfate tabs</i>	1	
<b>Proton Pump Inhibitors</b>		
DEXILANT	3	QL (30 EA per 30 days)
<i>esomeprazole magnesium</i>	3	QL (30 EA per 30 days)
<i>esomeprazole sodium</i>	3	
<i>lansoprazole cpdr</i>	1	QL (30 EA per 30 days)
NEXIUM CAP	2	
NEXIUM PACK	2	QL (30 EA per 30 days)
<i>omeprazole/sodium bicarbonate caps</i>	3	QL (30 EA per 30 days)
<i>omeprazole cpdr 10mg, 20mg</i>	1	QL (30 EA per 30 days)
<i>omeprazole cpdr 40mg</i>	1	QL (120 EA per 30 days)
<i>pantoprazole sodium tbec 40mg</i>	1	QL (90 EA per 30 days)
<i>pantoprazole sodium tbec 20mg</i>	1	QL (30 EA per 30 days)
<i>pantoprazole sodium inj</i>	1	
PRILOSEC PACK	3	
<i>rabeprazole sodium</i>	1	QL (30 EA per 30 days)
<b>Genitourinary Agents</b>		
<b>Antispasmodics, Urinary</b>		
<i>darifenacin er</i>	3	
<i>darifenacin hydrobromide er</i>	3	
ENABLEX TAB	3	
<i>flavoxate hcl</i>	1	
GELNIQUE GEL 10%	3	
MYRBETRIQ	2	
<i>oxybutynin chloride er</i>	1	
<i>oxybutynin chloride syrp</i>	1	
<i>oxybutynin chloride tabs</i>	1	
<i>tolterodine tartrate</i>	1	
<i>tolterodine tartrate er</i>	1	
TOVIAZ	2	
<i>tropium chloride</i>	1	
<i>tropium chloride er</i>	1	
VESICARE	2	
<b>Benign Prostatic Hypertrophy Agents</b>		
<i>alfuzosin hcl er</i>	1	
CARDURA XL	3	
<i>doxazosin</i>	1	
<i>doxazosin mesylate tabs 1mg, 2mg, 8mg</i>	1	
<i>dutasteride</i>	1	
<i>dutasteride/tamsulosin hydrochloride</i>	1	
<i>finasteride tabs 5mg</i>	1	
RAPAFLO	2	
<i>tamsulosin hcl</i>	1	
<i>terazosin hcl</i>	1	
<b>Genitourinary Agents, Other</b>		
<i>acetic acid 0.25%</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>bethanechol chloride</i>	1	
CIALIS TABS 2.5MG, 5MG	3	QL (30 EA per 30 days) PA
ELMIRON	3	
<b>Phosphate Binders</b>		
<i>calcium acetate caps</i>	1	
<i>calcium acetate tabs 667mg</i>	1	
<i>eliphos</i>	1	
FOSRENOL	4	
RENAGEL TABS 400MG	2	
RENAGEL TABS 800MG	4	
RENVELA	4	
VELPHORO	4	
<b>Hormonal Agents, Stimulant/Replacement/Modifying (Adrenal)</b>		
<b>Hormonal Agents, Stimulant/Replacement/Modifying (Adrenal)</b>		
A-HYDROCORT	3	
<i>alclometasone dipropionate</i>	1	
<i>amcinonide</i>	3	
<i>apexicon e</i>	3	
ARISTOSPAN INTRA-ARTICULAR	3	
<i>augmented betamethasone dipropionate</i>	1	
<i>baycadron</i>	1	
<i>betamethasone dipropionate crea, lotn, oint</i>	1	
<i>betamethasone sodium phosphate/betamethasone acetate</i>	1	
<i>betamethasone valerate crea, lotn, oint</i>	1	
<i>betamethasone valerate foam</i>	3	
<i>budesonide cpep 3mg</i>	3	
CAPEX	3	
<i>clobetasol propionate e</i>	3	
<i>clobetasol propionate emollient foam</i>	3	
<i>clobetasol propionate crea, foam, gel, liqd, lotn, oint, sham, soln</i>	3	
<i>clocortolone pivalate</i>	3	
<i>clocortolone pivalate pump</i>	3	
<i>clodan</i>	3	
<i>colocort</i>	1	
CORDRAN TAPE	3	
<i>cormax scalp application</i>	3	
CORTIFOAM	3	
<i>cortisone acetate tabs</i>	1	
<i>deltasone</i>	1	
DEPO-MEDROL INJ 20MG/ML	3	
<i>desonide crea, lotn, oint</i>	1	
<i>desoximetasone crea, gel</i>	3	
DESOXIMETASONE OINT 0.05%	3	
<i>desoximetasone oint 0.25%</i>	3	
<i>dexamethasone intensol</i>	1	
<i>dexamethasone sodium phosphate inj 100mg/10ml, 10mg/ml, 120mg/30ml, 20mg/5ml, 4mg/ml</i>	1	
<i>dexamethasone soln, tabs</i>	1	
<i>dexamethasone elix</i>	1	
<i>diflorasone diacetate</i>	3	

Drug Name	Drug Tier	Requirements/Limits
<i>fludrocortisone acetate tabs</i>	1	
<i>fluocinolone acetonide ear drops</i>	1	
<i>fluocinolone acetonide crea 0.01%, 0.025%</i>	1	
<i>fluocinolone acetonide oil 0.01%</i>	1	
<i>fluocinolone acetonide oint 0.025%</i>	1	
<i>fluocinonide-e</i>	1	
<i>fluocinonide crea, gel, oint, soln</i>	1	
<i>flurandrenolide</i>	3	
<i>fluticasone propionate crea 0.05%</i>	1	
<i>fluticasone propionate lotn 0.05%</i>	1	
<i>fluticasone propionate oint 0.005%</i>	1	
<i>halobetasol propionate</i>	1	
<i>hydrocortisone butyrate (lipophilic)</i>	1	
<i>hydrocortisone butyrate crea, oint, soln</i>	1	
<i>hydrocortisone valerate</i>	1	
<i>hydrocortisone crea 2.5%</i>	1	
<i>hydrocortisone enem, tabs</i>	1	
<i>hydrocortisone lotn 2.5%</i>	1	
<i>hydrocortisone oint 1%</i>	1	
<i>hydrocortisone oint 2.5%</i>	1	
<b>KENALOG-10</b>	3	
<b>KENALOG-40</b>	3	
<i>lokara</i>	1	
<b>MEDROL TABS 2MG</b>	3	
<i>methylprednisolone acetate inj</i>	1	
<i>methylprednisolone dose pack</i>	1	
<i>methylprednisolone sodiumsuccinate</i>	1	
<i>methylprednisolone tabs</i>	1	
<b>MILLIPRED</b>	3	
<b>MILLIPRED DP</b>	3	
<i>mometasone furoate crea 0.1%</i>	1	
<i>mometasone furoate oint 0.1%</i>	1	
<i>mometasone furoate soln 0.1%</i>	1	
<b>PANDEL</b>	3	
<i>prednicarbate</i>	1	
<i>prednisolone sodium phosphate oral soln 15mg/5ml, 25mg/5ml, 5mg/5ml</i>	1	
<i>prednisolone soln, syrp</i>	1	
<i>prednisone intensol</i>	1	
<i>prednisone tabs</i>	1	
<i>prednisone soln, tbpk</i>	1	
<i>procto-med hc</i>	1	
<i>procto-pak</i>	1	
<i>proctosol hc</i>	1	
<i>proctozone-hc</i>	1	
<b>PSORCON</b>	3	
<b>RAYOS</b>	4	
<b>SOLU-CORTEF</b>	3	
<b>SOLU-MEDROL INJ 2GM</b>	3	
<i>triamcinolone acetonide aers 0.147mg/gm</i>	3	
<i>triamcinolone acetonide crea 0.025%, 0.1%, 0.5%</i>	1	



Drug Name	Drug Tier	Requirements/Limits
<i>triamcinolone acetonide lotn 0.025%, 0.1%</i>	1	
<i>triamcinolone acetonide oint 0.025%, 0.1%, 0.5%</i>	1	
<i>triderm</i>	1	
UCERIS FOAM	2	
UCERIS TB24	2	
VERIPRED 20	3	
<b>Hormonal Agents, Stimulant/Replacement/Modifying (Pituitary)</b>		
<i>Hormonal Agents, Stimulant/Replacement/Modifying (Pituitary)</i>		
CHORIONIC GONADOTROPIN	3	PA
DDAVP INJ 4MCG/ML	3	
<i>desmopressin acetate nasal soln, tabs</i>	1	
<i>desmopressin acetate inj</i>	3	
EGRIFTA INJ 2MG	4	QL (30 EA per 30 days) PA
EGRIFTA INJ 1MG	4	QL (60 EA per 30 days) PA
GENOTROPIN	4	PA
GENOTROPIN MINIQUICK INJ 0.2MG	3	PA
GENOTROPIN MINIQUICK INJ 0.4MG, 0.6MG, 0.8MG, 1.2MG, 1.4MG, 1.6MG, 1.8MG, 1MG, 2MG	4	PA
H.P. ACTHAR	4	PA
HUMATROPE COMBO PACK	4	PA
HUMATROPE INJ 12MG, 24MG, 6MG	4	PA
INCRELEX	4	PA
NORDITROPIN FLEXPRO	4	PA
NORDITROPIN NORDIFLEX PEN	4	PA
NOVAREL	3	PA
NUTROPIN AQ NUSPIN 10	4	PA
NUTROPIN AQ NUSPIN 20	4	PA
NUTROPIN AQ NUSPIN 5	4	PA
NUTROPIN AQ PEN	4	PA
OMNITROPE INJ 10MG/1.5ML, 5MG/1.5ML	4	PA
PREGNYL W/DILUENT BENZYL ALCOHOL/NACL	3	PA
SAIZEN	4	PA
SAIZEN CLICK.EASY	4	PA
SEROSTIM	4	PA
STIMATE	3	
ZORBTIVE	4	PA
<b>Hormonal Agents, Stimulant/Replacement/Modifying (Prostaglandins)</b>		
<i>Hormonal Agents, Stimulant/Replacement/Modifying (Prostaglandins)</i>		
KORLYM	4	PA
<b>Hormonal Agents, Stimulant/Replacement/Modifying (Sex Hormones/Modifiers)</b>		
<i>Anabolic Steroids</i>		
ANADROL-50	2	
<i>oxandrolone tabs 2.5mg</i>	1	PA
<i>oxandrolone tabs 10mg</i>	3	PA
<i>Androgens</i>		
ANDRODERM	2	
ANDROGEL PUMP GEL 1.62%	2	

Drug Name	Drug Tier	Requirements/Limits
ANDROGEL GEL 25MG, 50MG, 20.25MG/1.25GM, 40.5MG/2.5GM	2	
ANDROXY	3	PA
<i>danazol caps</i>	1	
<i>methitest</i>	3	PA
<i>methyltestosterone caps</i>	4	PA
STRIANT	3	
<i>testosterone cypionate inj</i>	1	
<i>testosterone enanthate inj</i>	1	
<b>Estrogens</b>		
<i>altavera</i>	1	
<i>alyacen 1/35</i>	1	
<i>alyacen 7/7/7</i>	1	
<i>amethia</i>	1	QL (91 EA per 91 days)
<i>amethia lo</i>	1	QL (91 EA per 91 days)
<i>amethyst</i>	1	
<i>apri</i>	1	
<i>aranelle</i>	1	
<i>ashlyna</i>	1	QL (91 EA per 91 days)
<i>aubra</i>	1	
<i>aviane</i>	1	
<i>azurette</i>	1	
<i>balziva</i>	1	
<i>bekyree</i>	1	
<i>blisovi 24 fe</i>	1	
<i>blisovi fe 1.5/30</i>	1	
<i>blisovi fe 1/20</i>	1	
<i>briellyn</i>	1	
<i>camrese</i>	1	QL (91 EA per 91 days)
<i>camrese lo</i>	1	QL (91 EA per 91 days)
<i>caziant</i>	1	
<i>chateal</i>	1	
CLIMARA PRO	3	PA
COMBIPATCH	3	PA
<i>cryselle-28</i>	1	
<i>cyclafem 1/35</i>	1	
<i>cyclafem 7/7/7</i>	1	
<i>cyred</i>	1	
<i>dasetta 1/35</i>	1	
<i>dasetta 7/7/7</i>	1	
<i>daysee</i>	1	QL (91 EA per 91 days)
<i>delyla</i>	1	
DEPO-ESTRADIOL	3	
<i>desogestrel/ethinyl estradiol</i>	1	
<i>drospirenone/ethinyl estradiol</i>	1	
<i>elinest</i>	1	
<i>emoquette</i>	1	
<i>enpresse-28</i>	1	
<i>enskyce</i>	1	
<i>estarylla</i>	1	
ESTRACE CREA	3	

Drug Name	Drug Tier	Requirements/Limits
<i>estradiol valerate inj</i>	1	
<i>estradiol/norethindrone acetate</i>	3	PA
<i>estradiol tabs</i>	1	PA
<i>estradiol pttw, ptwk</i>	3	PA
ESTRING	3	QL (1 EA per 90 days)
<i>estropipate tabs</i>	3	PA
<i>falmina</i>	1	
FEMRING	3	QL (1 EA per 90 days)
FYAVOLV	3	PA
<i>gianvi</i>	1	
<i>gildagia</i>	1	
<i>gildess 1.5/30</i>	1	
<i>gildess 1/20</i>	1	
<i>gildess 24 fe</i>	1	
<i>gildess fe 1.5/30</i>	1	
<i>gildess fe 1/20</i>	1	
<i>introvale</i>	1	
JEVANTIQUE LO	3	PA
<i>jinteli</i>	3	PA
<i>jolessa</i>	1	QL (91 EA per 91 days)
<i>juleber</i>	1	
<i>junel 1.5/30</i>	1	
<i>junel 1/20</i>	1	
<i>junel fe 1.5/30</i>	1	
<i>junel fe 1/20</i>	1	
<i>junel fe 24</i>	1	
<i>kaitlib fe</i>	1	
<i>kariva</i>	1	
<i>kelnor 1/35</i>	1	
<i>kimidess</i>	1	
<i>kurvelo</i>	1	
<i>larin 1.5/30</i>	1	
<i>larin 1/20</i>	1	
<i>larin 24 fe</i>	1	
<i>larin fe 1.5/30</i>	1	
<i>larin fe 1/20</i>	1	
<i>layolis fe</i>	1	
<i>leena</i>	1	
<i>lessina</i>	1	
<i>levonest</i>	1	
<i>levonorgestrel and ethinyl estradiol tabs 20mcg; 90mcg</i>	1	
<i>levonorgestrel and ethinyl estradiol tabs 0; 0</i>	1	
<i>levonorgestrel/ethinyl estradiol tabs 0.03mg; 0.15mg, 0; 0, 20mcg; 0.1mg</i>	1	
<i>levonorgestrel/ethinyl estradiol tabs 0.03mg; 0.15mg, 0; 0</i>	1	
<i>levora 0.15/30-28</i>	1	
LO LOESTRIN FE	3	
<i>lomedica 24 fe</i>	1	
<i>lopreeza</i>	3	PA
<i>loryna</i>	1	
<i>low-ogestrel</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>luter</i>	1	
<i>marlissa</i>	1	
MENEST	3	PA
<i>microgestin 1.5/30</i>	1	
<i>microgestin 1/20</i>	1	
<i>microgestin 24 fe</i>	1	
<i>microgestin fe</i>	1	
<i>microgestin fe 1.5/30</i>	1	
<i>mimvey</i>	3	PA
<i>mimvey lo</i>	3	PA
MINASTRIN 24 FE	3	
<i>mono-linyah</i>	1	
<i>mononessa</i>	1	
<i>myzilra</i>	1	
<i>necon 0.5/35-28</i>	1	
<i>necon 1/35</i>	1	
<i>necon 1/50-28</i>	1	
<i>necon 10/11-28</i>	1	
<i>necon 7/7/7</i>	1	
<i>nikki</i>	1	
<i>norethindrone &amp; ethinyl estradiol ferrous fumarate</i>	1	
<i>norethindrone acetate/ethinyl estradiol/ferrous fumarate</i>	1	
<i>norethindrone acetate/ethinyl estradiol tabs 20mcg; 1mg</i>	1	
<i>norethindrone acetate/ethinyl estradiol tabs 2.5mcg; 0.5mg, 5mcg; 1mg</i>	3	
<i>norgestimate/ethinyl estradiol</i>	1	
<i>nortrel 0.5/35 (28)</i>	1	
<i>nortrel 1/35</i>	1	
<i>nortrel 7/7/7</i>	1	
NUVARING	3	
<i>ocella</i>	1	
<i>ogestrel</i>	1	
<i>orsythia</i>	1	
<i>philith</i>	1	
<i>pimtrea</i>	1	
<i>pirmella 1/35</i>	1	
<i>pirmella 7/7/7</i>	1	
<i>portia-28</i>	1	
PREMARIN CREA	2	
PREMARIN TABS	3	PA
PREMPHASE	3	PA
PREMPRO	3	PA
<i>previfem</i>	1	
<i>quasense</i>	1	
<i>reclipsen</i>	1	
<i>setlakin</i>	1	
<i>sprintec 28</i>	1	
<i>sronyx</i>	1	
<i>syeda</i>	1	
<i>tarina fe 1/20</i>	1	
<i>tilia fe</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>tri-estarylla</i>	1	
<i>tri-legest fe</i>	1	
<i>tri-linyah</i>	1	
<i>tri-lo-estarylla</i>	1	
<i>tri-lo-marzia</i>	1	
<i>tri-lo-sprintec</i>	1	
<i>tri-previfem</i>	1	
<i>tri-sprintec</i>	1	
<i>trinessa</i>	1	
<i>trinessa lo</i>	1	
<i>trivora-28</i>	1	
VAGIFEM	3	
<i>velivet</i>	1	
<i>vestura</i>	1	
<i>vienva</i>	1	
<i>viorele</i>	1	
<i>vyfemla</i>	1	
<i>wera</i>	1	
<i>wymzya fe</i>	1	
<i>xulane</i>	3	
<i>zarah</i>	1	
<i>zenchent</i>	1	
<i>zenchent fe</i>	1	
<i>zovia 1/35e</i>	1	
<i>zovia 1/50e</i>	1	
<b>Progesterone Agonists/Antagonists</b>		
ELLA	2	
<b>Progestins</b>		
<i>camila</i>	1	
CRINONE	3	PA
<i>deblitane</i>	1	
DEPO-PROVERA	3	
DEPO-SUBQ PROVERA 104	3	QL (0.65 ML per 90 days)
<i>errin</i>	1	
<i>heather</i>	1	
<i>jencycla</i>	1	
<i>jolivette</i>	1	
<i>levonorgestrel</i>	1	
<i>lyza</i>	1	
MAKENA	4	PA
<i>medroxyprogesterone acetate tabs</i>	1	
<i>medroxyprogesterone acetate inj</i>	1	
MEGACE ES SUS 625/5ML	3	
<i>megestrol acetate susp, tabs</i>	1	PA
<i>my way</i>	1	
<i>nora-be</i>	1	
<i>norethindrone acetate tabs</i>	1	
<i>norethindrone tabs</i>	1	
<i>norlyroc</i>	1	
<i>progesterone caps, inj</i>	1	
<i>sharobel</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<b>Selective Estrogen Receptor Modifying Agents</b>		
<i>raloxifene hydrochloride</i>	1	
<b>Hormonal Agents, Stimulant/Replacement/Modifying (Thyroid)</b>		
<b>Hormonal Agents, Stimulant/Replacement/Modifying (Thyroid)</b>		
<i>levothyroxine sodium tabs</i>	1	
<i>Levoxyl</i>	1	
<i>liothyronine sodium tabs</i>	1	
<i>liothyronine sodium inj</i>	3	
SYNTHROID	3	
THYROLAR-1	3	
THYROLAR-1/2	3	
THYROLAR-1/4	3	
THYROLAR-2	3	
THYROLAR-3	3	
TIROSINT	3	
<i>unithroid</i>	1	
<b>Hormonal Agents, Suppressant (Adrenal)</b>		
<b>Hormonal Agents, Suppressant (Adrenal)</b>		
LYSODREN	2	
<b>Hormonal Agents, Suppressant (Parathyroid)</b>		
<b>Hormonal Agents, Suppressant (Parathyroid)</b>		
SENSIPAR TABS 30MG	2	
SENSIPAR TABS 60MG, 90MG	4	
<b>Hormonal Agents, Suppressant (Pituitary)</b>		
<b>Hormonal Agents, Suppressant (Pituitary)</b>		
<i>cabergoline</i>	1	
ELIGARD INJ 30MG	3	QL (1 EA per 112 days) PA
ELIGARD INJ 7.5MG	3	QL (1 EA per 28 days) PA
ELIGARD INJ 22.5MG	3	QL (1 EA per 84 days) PA
ELIGARD INJ 45MG	4	QL (1 EA per 168 days) PA
FIRMAGON INJ 80MG	3	QL (1 EA per 28 days) PA
FIRMAGON INJ 120MG	4	QL (4 EA per 365 days) PA
<i>leuprolide acetate inj</i>	2	PA
LUPANETA PACK KIT 3.75MG; 5MG	4	QL (1 EA per 28 days) PA
LUPANETA PACK KIT 11.25MG; 5MG	4	QL (1 EA per 84 days) PA
LUPRON DEPOT-PED INJ 11.25MG, 15MG, 7.5MG	4	PA
LUPRON DEPOT-PED INJ 11.25MG, 30MG	4	QL (1 EA per 84 days) PA
LUPRON DEPOT INJ 30MG	4	PA
LUPRON DEPOT INJ 45MG	4	PA
LUPRON DEPOT INJ 3.75MG	4	QL (1 EA per 30 days) PA
LUPRON DEPOT INJ 7.5MG	4	PA
LUPRON DEPOT INJ 11.25MG	4	QL (1 EA per 28 days) PA
LUPRON DEPOT INJ 22.5MG	4	PA
<i>octreotide acetate</i>	3	PA
SANDOSTATIN LAR DEPOT	4	PA
SIGNIFOR	4	QL (60 ML per 30 days) PA
SIGNIFOR LAR	4	PA
SOMATULINE DEPOT	4	
SOMAVERT	4	PA
SYNAREL	4	
TRELSTAR MIXJECT INJ 22.5MG	4	QL (1 EA per 168 days) PA

Drug Name	Drug Tier	Requirements/Limits
TRELSTAR MIXJECT INJ 3.75MG	4	PA
TRELSTAR MIXJECT INJ 11.25MG	4	PA
TRELSTAR INJ 3.75MG	4	QL (1 EA per 28 days) PA
TRELSTAR INJ 11.25MG	4	QL (1 EA per 84 days) PA
ZOLADEX INJ 3.6MG	3	QL (1 EA per 28 days)
ZOLADEX INJ 10.8MG	3	QL (1 EA per 84 days)
<b>Hormonal Agents, Suppressant (Thyroid)</b>		
<i>Antithyroid Agents</i>		
<i>methimazole tabs</i>	1	
<i>propylthiouracil tabs</i>	1	
<b>Immunological Agents</b>		
<i>Angioedema (HAE) Agents</i>		
BERINERT	4	PA
CINRYZE	4	PA
FIRAZYR	4	PA
RUCONEST	4	PA
<i>Immune Suppressants</i>		
ASTAGRAF XL CP24 0.5MG, 1MG	3	B/D
ASTAGRAF XL CP24 5MG	3	B/D
AZASAN	3	B/D
<i>azathioprine inj, tabs</i>	1	B/D
BENLYSTA 400MG	4	
BENLYSTA 120MG	4	B/D
CELLCEPT INTRAVENOUS	3	B/D
CIMZIA	4	PA
CIMZIA STARTER KIT	4	PA
<i>cyclosporine modified</i>	1	B/D
<i>cyclosporine caps, inj</i>	1	B/D
ENBREL	4	PA
ENBREL SURECLICK	4	PA
ENVARUSUS XR	3	B/D
<i>gengraf</i>	1	B/D
<i>hecoria</i>	1	B/D
HUMIRA	4	PA
HUMIRA PEDIATRIC CROHNS DISEASE STARTER PACK	4	PA
HUMIRA PEN	4	PA
HUMIRA PEN-CROHNS DISEASESTARTER	4	PA
HUMIRA PEN-PSORIASIS STARTER	4	PA
KINERET	4	PA
<i>methotrexate sodium inj 100mg/4ml, 1gm/40ml, 200mg/8ml, 250mg/10ml, 50mg/2ml</i>	1	
<i>methotrexate sodium inj 1gm</i>	1	
<i>methotrexate tabs</i>	1	
<i>mycophenolate mofetil caps, tabs</i>	1	B/D
<i>mycophenolate mofetil susr</i>	4	B/D
<i>mycophenolic acid dr</i>	3	B/D
NULOJIX	4	B/D
ORENCIA	4	PA
PROGRAF INJ	3	B/D
RAPAMUNE SOLN	4	B/D

Drug Name	Drug Tier	Requirements/Limits
REMICADE	4	
RHEUMATREX	3	B/D
SANDIMMUNE CAP	3	
SANDIMMUNE SOLN	3	B/D
SIMPONI	4	PA
SIMPONI ARIA	4	PA
SIROLIMUS TABS 2MG	4	B/D
<i>sirolimus tabs 0.5mg, 1mg</i>	3	B/D
<i>tacrolimus caps 0.5mg, 1mg, 5mg</i>	1	B/D
TORISEL	4	
TREXALL	3	
ZORTRESS TABS 0.25MG	3	B/D
ZORTRESS TABS 0.5MG, 0.75MG	4	B/D
<b><i>Immunizing Agents, Passive</i></b>		
ATGAM	4	B/D
BIVIGAM	4	B/D
CARIMUNE NANOFILTERED	4	B/D
FLEBOGAMMA DIF	4	B/D
GAMASTAN S/D	2	PA
GAMMAGARD LIQUID	4	B/D
GAMMAGARD S/D IGA LESS THAN 1MCG/ML	4	PA
GAMMAKED	4	B/D
GAMMAPLEX	4	B/D
GAMUNEX-C	4	B/D
HEPAGAM B	4	B/D
HIZENTRA	4	PA
HYPERHEP B S/D	4	B/D
HYPERRAB S/D	2	B/D
HYPERRHO S/D	3	
HYPERRHO S/D MINI-DOSE	3	
IMOGAM RABIES-HT	3	B/D
MICRHOGAM ULTRA-FILTERED PLUS	3	
NABI-HB	4	B/D
OCTAGAM	4	B/D
PRIVIGEN	4	B/D
RHOGAM ULTRA-FILTERED PLUS	3	
RHOPHYLAC	3	
THYMOGLOBULIN	4	B/D
<b><i>Immunomodulators</i></b>		
ACTEMRA INJ 200MG/10ML, 400MG/20ML, 80MG/4ML	4	PA
ACTEMRA INJ 162MG/0.9ML	4	PA
ACTIMMUNE	4	
ARCALYST	4	PA
ILARIS	4	
<i>leflunomide</i>	1	
LEMTRADA	4	PA
OTEZLA	4	PA
RIDAURA	4	
SIMULECT	4	B/D
SYNAGIS	2	PA
XELJANZ	4	PA



Drug Name	Drug Tier	Requirements/Limits
XELJANZ XR	4	PA
<b>Vaccines</b>		
ACTHIB	2	
ADACEL	2	
BCG VACCINE	3	
BEXSERO	2	
BOOSTRIX	2	
CERVARIX	2	
COMVAX	2	
DAPTACEL	2	
<i>diphtheria/tetanus toxoids adsorbed pediatric</i>	1	
ENGERIX-B	2	B/D
GARDASIL	2	
GARDASIL 9	2	
HAVRIX	2	
HIBERIX	2	
HYQVIA	4	PA
IMOVAX RABIES (H.D.C.V.)	3	
INFANRIX	2	
IPOL INACTIVATED IPV	2	
IXIARO	2	
KINRIX	2	
M-M-R II	2	
MENACTRA	2	
MENHIBRIX	2	
MENOMUNE-A/C/Y/W-135	2	
MENVEO	2	
PEDIARIX	3	
PEDVAX HIB	2	
PENTACEL	3	
PROQUAD	2	
QUADRACEL	2	
RABAVERT	3	
RECOMBIVAX HB	2	B/D
ROTARIX	2	
ROTATEQ	2	
TENIVAC	2	
TETANUS/DIPHThERIA TOXOIDS-ADSORBED	2	
TRUMENBA	2	
TWINRIX	2	
TYPHIM VI	2	
VAQTA	2	
VARIVAX	2	
VARIZIG	4	PA
YF-VAX	2	
ZOSTAVAX	2	
<b>Inflammatory Bowel Disease Agents</b>		
<b>Aminosalicylates</b>		
APRISO	2	
<i>balsalazide disodium</i>	1	
CANASA	4	

Drug Name	Drug Tier	Requirements/Limits
DIPENTUM	3	
LIALDA	2	
mesalamine enem, kit	3	
PENTASA	3	
<b>Sulfonamides</b>		
sulfasalazine tabs, tbec	1	
sulfazine	1	
<b>Metabolic Bone Disease Agents</b>		
<b>Metabolic Bone Disease Agents</b>		
alendronate sodium soln	1	
alendronate sodium tabs 10mg, 35mg, 40mg, 5mg	1	
alendronate sodium tabs 70mg	1	QL (4 EA per 28 days)
ATELVIA TAB	2	ST
BINOSTO	3	QL (4 EA per 28 days)
calcitonin-salmon	1	
calcitriol caps 0.25mcg, 0.5mcg	1	
calcitriol inj 1mcg/ml	1	
calcitriol oral soln 1mcg/ml	1	
doxercalciferol inj	1	
doxercalciferol caps	3	
etidronate disodium	1	
FORTEO	4	PA
FORTICAL	3	QL (3.7 ML per 30 days)
FOSAMAX PLUS D	3	QL (4 EA per 28 days) ST
ibandronate sodium inj	1	
ibandronate sodium tabs	1	QL (1 EA per 30 days)
MIACALCIN INJ	4	
pamidronate disodium	1	
PARICALCITOL INJ	3	
paricalcitol caps	1	
PROLIA	3	QL (1 EA per 180 days)
risedronate sodium dr	1	QL (4 EA per 28 days)
risedronate sodium tabs 30mg, 5mg	3	
risedronate sodium tabs 150mg	3	QL (1 EA per 28 days)
risedronate sodium tabs 35mg	3	
XGEVA	4	PA
zoledronic acid inj 4mg/5ml, 5mg/100ml	3	
zoledronic acid inj 4mg	4	
<b>Miscellaneous Therapeutic Agents</b>		
<b>Miscellaneous Therapeutic Agents</b>		
AMMONUL	4	
BD INSULIN SYRINGE SAFETYGLIDE/1ML/29G X 1/2"	2	
BD INSULIN SYRINGE ULTRAFINE/0.3ML/31G X 5/16"	2	
BD INSULIN SYRINGE ULTRAFINE/0.5ML/30G X 1/2"	2	
BD INSULIN SYRINGE ULTRAFINE/1ML/31G X 5/16"	2	
BD PEN NEEDLE/ULTRAFINE/29G X 12.7MM	2	
BOTOX	3	PA
deferoxamine mesylate	1	B/D
INTRALIPID INJ 20GM/100ML	3	B/D
INTRALIPID INJ 30%	3	
KALBITOR	4	PA

Drug Name	Drug Tier	Requirements/Limits
KEVEYIS	4	QL (120 EA per 30 days) PA
<i>lactated ringers irrigation</i>	1	
<i>levocarnitine inj, oral soln, tabs</i>	1	
<i>methergine tabs</i>	4	
<i>methylergonovine maleate tabs</i>	4	
MYALEPT	4	PA
NATPARA	4	PA
NUTRILIPID	3	B/D
ORFADIN CAPS 10MG, 2MG, 5MG	4	
PHYSIOLYTE	3	
PHYSIOSOL IRRIGATION	3	
<i>ringers irrigation</i>	1	
<i>sodium phenylacetate/sodium benzoate</i>	4	
SOLIRIS	4	PA
<i>sterile water irrigation</i>	1	
<i>tis-u-sol</i>	1	
V-GO 20	2	
V-GO 30	2	
V-GO 40	2	
VISTOGARD	4	
XEOMIN	3	PA
XURIDEN	4	QL (120 EA per 30 days) PA
<b>Ophthalmic Agents</b>		
<b><i>Ophthalmic Prostaglandin and Prostanamide Analogs</i></b>		
<i>bimatoprost</i>	1	QL (5 ML per 30 days)
COMBIGAN	2	
<i>latanoprost</i>	1	
LUMIGAN	2	
TRAVATAN Z	2	QL (2.5 ML per 25 days)
<i>travoprost</i>	1	QL (2.5 ML per 25 days)
<b><i>Ophthalmic Agents, Other</i></b>		
<i>ak-poly-bac</i>	1	
<i>atropine sulfate soln</i>	1	
<i>bacitracin/neomycin/polymyxin</i>	1	
<i>bacitracin/polymyxin b</i>	1	
<i>cyclopentolate hcl</i>	1	
<i>cyclopentolate hydrochloride</i>	1	
CYSTARAN	3	
EYLEA	4	PA
LACRISERT	3	
<i>naphazoline hcl</i>	1	
<i>neo-polycin</i>	1	
<i>neomycin/bacitracin/polymyxin</i>	1	
<i>neomycin/polymyxin/gramicidin</i>	1	
<i>polycin</i>	1	
<i>polymyxin b sulfate/trimethoprim sulfate</i>	1	
PROCYSBI	4	PA
<i>proparacaine hcl</i>	1	
RESTASIS	2	
<i>trimethoprim/polymyxin b</i>	1	
<i>triple antibiotic</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<b>Ophthalmic Anti-allergy Agents</b>		
ALOCRI	3	
azelastine hcl ophthalmic soln 0.05%	1	
BEPREVE	3	
cromolyn sodium soln 4%	1	
EMADINE	3	
epinastine hcl	1	
LASTACAF	3	
olopatadine hcl ophthalmic soln 0.1%	1	
PATADAY	2	
PATANOL	3	
PAZEO	2	
<b>Ophthalmic Anti-inflammatories</b>		
ALOMIDE	3	
ALREX	2	
BLEPHAMIDE	3	
BLEPHAMIDE S.O.P.	3	
bromfenac	3	
dexamethasone sodium phosphate ophthalmic soln 0.1%	1	
diclofenac sodium ophthalmic soln 0.1%	1	
DUREZOL	2	
FLAREX	2	
fluorometholone	1	
flurbiprofen sodium	1	
FML	2	
FML FORTE	2	
ILEVRO	2	
ketorolac tromethamine ophthalmic soln 0.4%, 0.5%	1	
LOTEMAX SUSP	3	
LOTEMAX OINT	3	
LOTEMAX GEL	3	
MAXIDEX	2	
neomycin/polymyxin/dexamethasone	1	
NEVANAC	2	QL (6 ML per 30 days)
PRED MILD	2	
PRED-G	3	
PRED-G S.O.P.	3	
prednisolone acetate	1	
prednisolone sodium phosphate ophthalmic soln 1%	1	
PROLENSA	3	
sulfacetamide sodium/prednisolone sodium phosphate	1	
TOBRADEX ST	3	
TOBRADEX OINT	3	
tobramycin/dexamethasone	1	
VEXOL	2	
ZYLET	3	
<b>Ophthalmic Antiglaucoma Agents</b>		
acetazolamide er	1	
ALPHAGAN P SOLN 0.1%, 0.15%	2	
apraclonidine	1	
AZOPT	2	

Drug Name	Drug Tier	Requirements/Limits
<i>betaxolol hcl soln 0.5%</i>	1	
BETIMOL	3	
BETOPTIC-S	3	
<i>brimonidine tartrate</i>	1	
<i>carteolol hcl</i>	1	
COSOPT PF	3	
<i>dorzolamide hcl</i>	1	
<i>dorzolamide hcl/timolol maleate</i>	1	
IOPIDINE SOLN 1%	3	
<i>levobunolol hcl</i>	1	
<i>methazolamide tabs</i>	1	
<i>metipranolol</i>	1	
MIRVASO	3	PA
PHOSPHOLINE IODIDE	3	
<i>pilocarpine hcl soln 1%, 2%, 4%</i>	1	
SIMBRINZA	2	
<i>timolol maleate ophthalmic gel forming</i>	1	
<i>timolol maleate soln 0.25%, 0.5%</i>	1	

### Otic Agents

#### Otic Agents

<i>acetic acid</i>	1	
<i>acetic acid/aluminum acetate</i>	1	
<i>antibiotic ear</i>	1	
CIPRO HC	3	
CIPRODEX	2	
COLY-MYCIN S	3	
CORTISPORIN-TC	3	
<i>hydrocortisone/acetic acid</i>	1	
<i>neomycin/polymyxin/hc</i>	1	
<i>neomycin/polymyxin/hydrocortisone otic susp 1%; 3.5mg/ml; 10000unit/ml</i>	1	

### Respiratory Tract/Pulmonary Agents

#### Anti-inflammatory, Inhaled Corticosteroids

ADVAIR DISKUS	2	QL (60 EA per 30 days)
ADVAIR HFA	2	QL (24 GM per 30 days)
AEROSPAN	3	QL (17.8 GM per 30 days)
ARNUITY ELPT INH	2	
ASMANEX HFA	3	QL (26 GM per 30 days)
ASMANEX TWISTHALER 120 METERED DOSES	3	QL (1 EA per 30 days)
ASMANEX TWISTHALER 14 METERED DOSES	3	QL (1 EA per 30 days)
ASMANEX TWISTHALER 30 METERED DOSES	3	QL (1 EA per 30 days)
ASMANEX TWISTHALER 60 METERED DOSES	3	QL (1 EA per 30 days)
ASMANEX TWISTHALER 7 METERED DOSES	3	QL (1 EA per 30 days)
BECONASE AQ	3	QL (50 GM per 25 days)
BREO ELLIPTA	2	QL (60 EA per 30 days)
<i>budesonide inhalation susp 0.25mg/2ml, 0.5mg/2ml, 1mg/2ml</i>	3	QL (120 ML per 30 days) B/D
<i>budesonide nasal susp 32mcg/act</i>	1	QL (17.2 GM per 30 days)
DULERA	3	QL (17.6 GM per 30 days)
FLOVENT DISKUS AEPB 250MCG/BLIST	2	QL (240 EA per 30 days)
FLOVENT DISKUS AEPB 100MCG/BLIST, 50MCG/BLIST	2	QL (60 EA per 30 days)
FLOVENT HFA AERO 44MCG/ACT	2	QL (21.2 GM per 30 days)

Drug Name	Drug Tier	Requirements/Limits
FLOVENT HFA AERO 110MCG/ACT, 220MCG/ACT	2	QL (24 GM per 30 days)
<i>flunisolide</i>	1	QL (50 ML per 30 days)
<i>fluticasone propionate susp 50mcg/act</i>	1	
<i>mometasone furoate susp 50mcg/act</i>	3	QL (34 GM per 30 days)
NASONEX	3	QL (34 GM per 30 days)
QVAR AERS 40MCG/ACT	2	QL (17.4 GM per 30 days)
QVAR AERS 80MCG/ACT	2	QL (26.1 GM per 30 days)
SYMBICORT AERO 160MCG/ACT; 4.5MCG/ACT	2	QL (12 GM per 30 days)
SYMBICORT AERO 80MCG/ACT; 4.5MCG/ACT	2	QL (13.8 GM per 30 days)
<i>triamcinolone acetonide aero 55mcg/act</i>	1	
<b>Antihistamines</b>		
ASTEPRO SPR 0.15%	2	
<i>azelastine hcl nasal soln 0.1%, 0.15%</i>	1	QL (60 ML per 30 days)
<i>cetirizine hcl syrp 1mg/ml</i>	1	
<i>clemastine tab 2.68mg</i>	1	
<i>cyproheptadine hcl syrp</i>	3	
<i>cyproheptadine tabs</i>	1	
<i>desloratadine</i>	1	
<i>dexchlorpheniramine maleate syrp</i>	3	PA
<i>diphenhydramine hcl inj</i>	1	
DYMISTA	2	QL (30 GM per 25 days)
<i>hydroxyzine hcl syrp</i>	1	
<i>hydroxyzine hcl inj</i>	3	PA
<i>hydroxyzine hcl tabs</i>	1	PA
<i>hydroxyzine pamoate caps</i>	1	
<i>levocetirizine dihydrochloride soln, tabs</i>	1	
<i>olopatadine hcl nasal soln 0.6%</i>	3	QL (30.5 GM per 30 days)
SEMPREX-D	3	
<b>Antileukotrienes</b>		
<i>montelukast sodium chew, tabs</i>	1	
<i>montelukast sodium pack</i>	3	
<i>zafirlukast</i>	1	
ZYFLO	4	
ZYFLO CR	4	
<b>Bronchodilators, Anticholinergic</b>		
ATROVENT HFA	3	QL (25.8 GM per 30 days)
COMBIVENT RESPIMAT	2	QL (8 GM per 30 days)
<i>ipratropium bromide/albuterol sulfate</i>	1	B/D
<i>ipratropium bromide inhalation soln</i>	1	B/D
<i>ipratropium bromide nasal soln</i>	1	
SPIRIVA HANDIHALER	2	QL (30 EA per 30 days)
SPIRIVA RESPIMAT	2	QL (4 GM per 30 days)
TUDORZA PRESSAIR	3	QL (60 EA per 30 days)
<b>Bronchodilators, Sympathomimetic</b>		
ADRENALICK	3	ST
ADRENALIN INJ	3	
<i>albuterol sulfate er</i>	3	
<i>albuterol sulfate tabs</i>	3	
<i>albuterol sulfate syrp</i>	1	
<i>albuterol sulfate nebu 0.5%</i>	1	B/D
<i>albuterol sulfate nebu 0.63mg/3ml, 1.25mg/3ml</i>	1	B/D

Drug Name	Drug Tier	Requirements/Limits
<i>albuterol sulfate nebu 0.083%</i>	1	B/D
ANORO ELLIPTA	2	QL (60 EA per 30 days)
ARCAPTA NEOHALER	3	QL (30 EA per 30 days)
BROVANA	3	QL (120 ML per 30 days) B/D
<i>epinephrine inj</i>	3	
EPIPEN 2-PAK	2	
EPIPEN-JR 2-PAK	2	
FORADIL AEROLIZER	3	QL (60 EA per 30 days)
<i>levalbuterol hcl nebu 1.25mg/3ml</i>	1	QL (270 ML per 30 days) B/D
<i>levalbuterol hcl nebu 0.31mg/3ml, 0.63mg/3ml</i>	1	QL (540 ML per 30 days) B/D
<i>levalbuterol nebu</i>	1	QL (90 EA per 30 days) B/D
<i>metaproterenol sulfate syr, tabs</i>	3	
PERFOROMIST	3	QL (120 ML per 30 days) B/D
PROAIR HFA	2	QL (17 GM per 30 days)
PROAIR RESPICLICK	2	QL (2 EA per 30 days)
SEREVENT DISKUS	2	QL (60 EA per 30 days)
STRIVERDI RESPIMAT	3	QL (4 GM per 30 days)
<i>terbutaline sulfate tabs</i>	3	
<i>terbutaline sulfate inj</i>	4	
VENTOLIN HFA AER	2	
XOPENEX HFA	3	QL (30 GM per 30 days)
<b>Cystic Fibrosis Agents</b>		
BETHKIS	4	B/D
CAYSTON	4	PA
KALYDECO	4	PA
ORKAMBI	4	QL (120 EA per 30 days) PA
PULMOZYME	4	PA
TOBI PODHALER	4	
<i>tobramycin</i>	4	B/D
<b>Mast Cell Stabilizers</b>		
<i>cromolyn sodium nebu 20mg/2ml</i>	1	B/D
<b>Phosphodiesterase Inhibitors, Airways Disease</b>		
<i>aminophylline</i>	1	
<i>aminophylline inj 25mg/ml</i>	1	
DALIRESP	2	
LUFYLLIN TABS 200MG	3	
<i>theophylline</i>	1	
<i>theophylline anhydrous cr</i>	1	
<i>theophylline cr tb12 100mg, 200mg</i>	1	
<i>theophylline er</i>	1	
<i>theophylline/d5w inj 5%; 0.8mg/ml</i>	1	
<b>Pulmonary Antihypertensives</b>		
ADCIRCA	4	QL (60 EA per 30 days) PA
ADEMPAS	4	QL (90 EA per 30 days) PA
<i>epoprostenol sodium</i>	4	PA
LETAIRIS	4	QL (30 EA per 30 days) PA
OPSUMIT	4	QL (90 EA per 30 days) PA
ORENITRAM TBCR 0.125MG	3	PA
ORENITRAM TBCR 0.25MG, 1MG, 2.5MG	4	PA
REMODULIN	4	B/D
REVATIO SUSR	4	PA

Drug Name	Drug Tier	Requirements/Limits
<i>sildenafil tabs</i>	1	QL (90 EA per 30 days) PA
<i>sildenafil inj</i>	4	PA
TRACLEER TAB	4	
TYVASO	4	QL (87 ML per 30 days) PA
TYVASO REFILL	4	QL (87 ML per 30 days) PA
TYVASO STARTER	4	QL (87 ML per 30 days) PA
UPTRAVI TBP	4	PA
UPTRAVI TABS	4	PA
VELETRI	4	PA
VENTAVIS	4	QL (270 ML per 30 days) PA
<b>Respiratory Tract Agents, Other</b>		
<i>acetylcysteine soln</i>	1	B/D
ARALAST NP	4	PA
ESBRIET	4	PA
GLASSIA	4	PA
OFEV	4	PA
PROLASTIN-C	4	PA
<i>promethazine vc</i>	3	PA
<i>promethazine vc plain</i>	3	PA
<i>promethazine/phenylephrine</i>	3	PA
STIOLTO RESPIMAT	2	QL (4 GM per 30 days)
TYZINE PEDIATRIC NASAL DROPS	2	
VIRAZOLE	4	
XOLAIR	4	PA
ZEMAIRA	4	PA
<b>Skeletal Muscle Relaxants</b>		
<b>Skeletal Muscle Relaxants</b>		
<i>carisoprodol tabs</i>	1	
<i>carisopr/asa tab 200-325</i>	3	PA
<i>chlorzoxazone</i>	1	PA
<i>cyclobenzaprine hcl tabs</i>	3	PA
<i>metaxalone tab 800mg</i>	3	
<i>methocarbamol</i>	1	PA
<i>orphenadrine citrate er</i>	1	PA
<i>orphenadrine inj 30mg/ml</i>	3	
<b>Sleep Disorder Agents</b>		
<b>GABA Receptor Modulators</b>		
<i>eszopiclone</i>	3	QL (30 EA per 30 days)
<i>temazepam cap 7.5mg</i>	1	QL (120 EA per 30 days)
<i>temazepam cap 15mg, 22.5mg, 30mg</i>	1	QL (30 EA per 30 days)
<i>zaleplon caps 5mg</i>	1	QL (30 EA per 30 days) PA
<i>zaleplon caps 10mg</i>	1	QL (60 EA per 30 days) PA
<i>zolpidem tartrate 5mg</i>	1	QL (60 EA per 30 days) PA
<i>zolpidem tartrate 10mg</i>	1	QL (30 EA per 30 days) PA
<i>zolpidem tartrate er</i>	3	QL (30 EA per 30 days) PA
<b>Sleep Disorders, Other</b>		
<i>armodafinil tabs 150mg, 200mg, 250mg</i>	3	QL (30 EA per 30 days) PA
<i>armodafinil tabs 50mg</i>	3	QL (60 EA per 30 days) PA
BELSOMRA TAB	3	
<i>modafinil</i>	3	QL (30 EA per 30 days) PA
NUVIGIL TAB 50MG	2	PA



Drug Name	Drug Tier	Requirements/Limits
<i>phenobarbital sodium inj</i>	1	PA
ROZEREM	3	QL (30 EA per 30 days)
SILENOR	2	
XYREM	4	QL (540 ML per 30 days) PA
<b>Therapeutic Nutrients/Minerals/Electrolytes</b>		
<i>Electrolyte/Mineral Modifiers</i>		
CARBAGLU	4	
CUPRIMINE	4	
DEPEN TITRATABS	4	
EXJADE	4	PA
FERRIPROX	4	PA
JADENU	4	PA
<i>kionex</i>	1	
SAMSCA TABS 15MG, 30MG	4	QL (60 EA per 30 days)
<i>sodium acetate</i>	1	
<i>sodium lactate inj 5meq/ml</i>	1	
<i>sodium polystyrene sulfonate</i>	1	
<i>sps</i>	1	
SYPRINE	4	
<i>Electrolyte/Mineral Replacement</i>		
AMINOSYN 7%/ELECTROLYTES	3	B/D
<i>aminosyn 8.5%/electrolytes</i>	1	B/D
<i>aminosyn ii 8.5%/electrolytes</i>	1	B/D
AMINOSYN II INJ 50.3MEQ/L; 695MG/100ML; 713MG/100ML; 490MG/100ML; 517MG/100ML; 350MG/100ML; 210MG/100ML; 462MG/100ML; 700MG/100ML; 735MG/100ML; 120MG/100ML; 209MG/100ML; 505MG/100ML; 371MG/100ML; 31.3MEQ/L; 280MG/100ML; 140MG/100ML; 189MG/100ML; 350MG/100ML, 71.8MEQ/L; 993MG/100ML; 1018MG/100ML; 700MG/100ML; 738MG/100ML; 500MG/100ML; 300MG/100ML; 660MG/100ML; 1000MG/100ML; 1050MG/100ML; 172MG/100ML; 298MG/100ML; 722MG/100ML; 530MG/100ML; 44.4MEQ/L; 400MG/100ML; 200MG/100ML; 270MG/100ML; 500MG/100ML; 8.5%	3	B/D
AMINOSYN M	3	B/D
AMINOSYN-HBC	3	B/D
AMINOSYN-PF	3	B/D
AMINOSYN-PF 7%	3	B/D
AMINOSYN-RF	3	B/D
AMINOSYN INJ 148MEQ/L; 1280MG/100ML; 980MG/100ML; 1280MG/100ML; 300MG/100ML; 720MG/100ML; 940MG/100ML; 720MG/100ML; 400MG/100ML; 440MG/100ML; 5.4MEQ/L; 860MG/100ML; 420MG/100ML; 520MG/100ML; 160MG/100ML; 44MG/100ML; 800MG/100ML	3	B/D
CHEMET CAP 100MG	3	
CLINIMIX 2.75%/DEXTROSE 5%	3	B/D
CLINIMIX 4.25%/DEXTROSE 10%	3	B/D
CLINIMIX 4.25%/DEXTROSE 20%	3	B/D

Drug Name	Drug Tier	Requirements/Limits
CLINIMIX 4.25%/DEXTROSE 25%	3	B/D
CLINIMIX 4.25%/DEXTROSE 5%	3	B/D
CLINIMIX 5%/DEXTROSE 15%	3	B/D
CLINIMIX 5%/DEXTROSE 20%	3	B/D
CLINIMIX 5%/DEXTROSE 25%	3	B/D
CLINIMIX E 2.75%/DEXTROSE 10%	3	B/D
CLINIMIX E 2.75%/DEXTROSE 5%	3	B/D
CLINIMIX E 4.25%/DEXTROSE 10%	3	B/D
CLINIMIX E 4.25%/DEXTROSE 25%	3	B/D
CLINIMIX E 4.25%/DEXTROSE 5%	3	B/D
CLINIMIX E 5%/DEXTROSE 15%	3	B/D
CLINIMIX E 5%/DEXTROSE 20%	3	B/D
CLINIMIX E 5%/DEXTROSE 25%	3	B/D
<i>dextrose 10%/nacl 0.45%</i>	1	
DEXTROSE 5% /ELECTROLYTE #48 VIAFLEX	3	
<i>dextrose 10%</i>	1	
<i>dextrose 10%/nacl 0.2%</i>	1	
<i>dextrose 2.5%/sodium chloride 0.45%</i>	1	
<i>dextrose 20%</i>	1	
<i>dextrose 25%</i>	1	
<i>dextrose 30%</i>	1	
<i>dextrose 40%</i>	1	
<i>dextrose 5%</i>	1	
<i>dextrose 5%/nacl 0.2%</i>	1	
<i>dextrose 5%/nacl 0.225%</i>	1	
<i>dextrose 5%/nacl 0.3%</i>	1	
<i>dextrose 5%/nacl 0.33%</i>	1	
<i>dextrose 5%/nacl 0.45%</i>	1	
<i>dextrose 5%/nacl 0.9%</i>	1	
<i>dextrose 5%/potassium chloride 0.15%</i>	1	
<i>dextrose 50%</i>	1	
<i>dextrose 70%</i>	1	
FREAMINE HBC 6.9%	3	B/D
FREAMINE III INJ 89MEQ/L; 710MG/100ML; 950MG/100ML; 3MEQ/L; 24MG/100ML; 1400MG/100ML; 280MG/100ML; 690MG/100ML; 910MG/100ML; 730MG/100ML; 530MG/100ML; 560MG/100ML; 10MMOLE/L; 120MG/100ML; 1120MG/100ML; 590MG/100ML; 10MEQ/L; 400MG/100ML; 150MG/100ML; 660MG/100ML	3	B/D
HEPATAMINE	3	B/D
IONOSOL-B/DEXTROSE 5%	3	
IONOSOL-MB/DEXTROSE 5%	3	
ISOLYTE-P/DEXTROSE 5%	3	
ISOLYTE-S	3	
ISOLYTE-S PH 7.4	3	
<i>k-sol</i>	1	
<i>kcl 0.075%/d5w/nacl 0.45%</i>	1	
<i>kcl 0.15%/d5w/ nacl 0.3%</i>	1	
<i>kcl 0.15%/d5w/lr</i>	1	
<i>kcl 0.15%/d5w/nacl 0.2%</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>kcl 0.15%/d5w/nacl 0.225%</i>	1	
<i>kcl 0.15%/d5w/nacl 0.45%</i>	1	
<i>kcl 0.15%/d5w/nacl 0.9%</i>	1	
<i>kcl 0.3%/d5w/lr iv lac ring</i>	1	
<i>kcl 0.3%/d5w/nacl 0.45%</i>	1	
<i>kcl 0.3%/d5w/nacl 0.9%</i>	1	
<i>klor-con 10</i>	1	
<i>klor-con 8</i>	1	
<i>klor-con m10</i>	1	
<i>klor-con m15</i>	1	
<i>klor-con m20</i>	1	
<i>klor-con sprinkle</i>	1	
<i>lactated ringers dextrose 5% viaflex</i>	1	
<i>lactated ringers viaflex</i>	1	
<i>magnesium sulfate inj</i>	1	
NEPHRAMINE	3	B/D
NORMOSOL -R	3	
NORMOSOL-M IN D5W	3	
NORMOSOL-R	3	
<i>normosol-r in d5w</i>	1	
PLASMA-LYTE A	3	
PLASMA-LYTE-148	3	
PLASMA-LYTE-56/D5W	3	
<i>plenamine</i>	3	B/D
<i>potassium acetate inj 2meq/ml</i>	1	
<i>potassium chloride 0.15% /nacl 0.45% viaflex</i>	1	
<i>potassium chloride 0.15% d5w/nacl 0.33%</i>	1	
<i>potassium chloride 0.15% d5w/nacl 0.45%</i>	1	
<i>potassium chloride 0.15%/nacl 0.9%</i>	1	
<i>potassium chloride 0.22% d5w/nacl 0.45%</i>	1	
<i>potassium chloride 0.224%/d5w/nacl 0.45%</i>	1	
<i>potassium chloride 0.3%/ nacl 0.9%</i>	1	
<i>potassium chloride 0.3%/d5w</i>	1	
<i>potassium chloride cr tbcr 10meq, 20meq</i>	1	
<i>potassium chloride er</i>	1	
<i>potassium chloride sr</i>	1	
<i>potassium chloride pack, oral soln</i>	1	
<i>potassium chloride inj 10meq/100ml, 10meq/50ml, 20meq/100ml, 20meq/50ml, 2meq/ml, 40meq/100ml</i>	1	
<i>potassium citrate er</i>	1	
PREMASOL INJ 52MEQ/L; 1760MG/100ML; 880MG/100ML; 34MEQ/L; 1760MG/100ML; 372MG/100ML; 406MG/100ML; 526MG/100ML; 492MG/100ML; 492MG/100ML; 526MG/100ML; 356MG/100ML; 356MG/100ML; 390MG/100ML; 34MG/100ML; 152MG/100ML	3	B/D

Drug Name	Drug Tier	Requirements/Limits
<i>premasol inj 56meq/l; 320mg/100ml; 730mg/100ml; 190mg/100ml; 3meq/l; 20mg/100ml; 300mg/100ml; 220mg/100ml; 290mg/100ml; 490mg/100ml; 840mg/100ml; 490mg/100ml; 200mg/100ml; 290mg/100ml; 410mg/100ml; 230mg/100ml; 5meq/l; 15mg/100ml; 250mg/100ml; 120mg/100ml; 140mg/100ml; 470mg/100ml</i>	3	B/D
PROCALAMINE	3	B/D
PROSOL	3	B/D
<i>ringers injection</i>	1	
<i>sodium chloride 0.45% viaflex</i>	1	
<i>sodium chloride 0.9%</i>	1	
<i>sodium chloride inj 0.9%, 2.5meq/ml, 3%, 5%</i>	1	
<i>sodium fluoride tabs 1mg</i>	1	
<i>sodium phosphate</i>	1	
<i>tpn electrolytes</i>	1	
TRAVASOL	3	B/D
TROPHAMINE INJ 97MEQ/L; 0.54GM/100ML; 1.2GM/100ML; 0.32GM/100ML; 0; 0; 0.5GM/100ML; 0.36GM/100ML; 0.48GM/100ML; 0.82GM/100ML; 1.4GM/100ML; 1.2GM/100ML; 0.34GM/100ML; 0.48GM/100ML; 0.68GM/100ML; 0.38GM/100ML; 5MEQ/L; 0.025GM/100ML; 0.42GM/100ML; 0.2GM/100ML; 0.24GM/100ML; 0.78GM/100ML	3	B/D
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## **Retiree RxCare Formulary**

This formulary was updated on September 1, 2016. For more recent information or other questions, please contact Retiree RxCare Contact Center at 1-855-693-3921 or, for TTY users, 1-855-693-3921, Monday through Friday, 8:00 AM to 8:00 PM (EST), or visit <http://retireerxcare.amwins.com>.